L14000015535

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Chapala authorice Name of Limite	MOXICA REST	taurantand C
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	•
Please return all correspondence concerning this matter to	o the following:	
Jose R.	Valencia Chal	42.
<u></u>	Firm/Company	
	Firm/Company	
105 100K	e Street Address	
It Walto	M Beach, R.	32547
Chivas 88 E-mail address: (to	be used for future annual report notific	cation)
For further information concerning this matter, please cal	ıl:	
Jose R Valencia Chaul	2 at (80) 200- Area Code Daytime	6926 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chapala Quthent	ie Mexica K	estairant	Land	1 Grill
(<u>Name of the Limited Uability Co</u> (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L14000113333</u> .	pany were filed on	1 <u>ao14</u> a	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited The new name must be distinguishable and end with the words "Limited Enter new principal offices address, if applicable:	an Restauran	tand Gr LLC" or the abbrevi	ation "L.L	LC.
(Principal office address MUST BE A STREET ADDRESS				
Trincipal office address most be A STREET ADDRESS.	<u> </u>			
		Disagram of the state of the st	1# 	* 4
Enter new mailing address, if applicable:		<u> : ; - </u>	ా.ప	, i
(Mailing address MAY BE A POST OFFICE BOX)				· ·
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B. If amending the registered agent and/or registere	d office address on our reco	ords, enter the i	⊃ name≀of	the new
registered agent and/or the new registered office address		,		
Name of New Registered Agent:				
New Registered Office Address:				·
	Enter Florida street ad	dress		
		Florida	_	
	City	Zip	Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u> UGR	Mame Antonio Chaulz	Address	Type of Action
<u> </u>	1111101110 CTUTE	105 Tocke St, Awalton E	Remove
			□ Add
			☐ Remove
		······································	
			Add_
			Add
			Remove
			□ Remove

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Fective date, e effective date re date this document	of other than the date of filing:
ne date this docum	of other than the date of filing:
ne date this docum	nent is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00