

L14000024493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

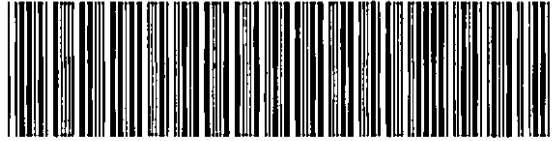
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/18-10:13:13 AM

Effective - 08/10/2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG - 9 PM 1:13

N COOPER

AUG 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOS SABORES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
FOLEY FORENSIC ACCOUNTING, LLC
Firm Company
3960 RADIO RD STE 202
Address
NAPLES FL 34104
City, State and Zip Code
info@foleyforensicaccy.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Albalucia Foley 239 300 6660
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$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
Cliffor Building
2601 Executive Center Circle
Tallahassee, FL 32304



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOS SABORES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number L14090024493

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

2
R2C

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDO COCHOA	18731 THREE OAKS PKW	☐ Add <i>foe ko!</i>
		FT MYERS FL 33967	☒ Remove
			☐ Change
MGR	RAMIRO RUIZ ORTIZ	18731 THREE AOKS PKW	☒ Add <i>RR-C</i>
		FT MYERS FL 33967	☐ Remove
		(NEW OWNER)	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove <i>all</i>
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE BUSINESS WAS SOLD TO RAMIRO RUIZ ORTIZ. THE IRS ASIGNED A NEW EIN 83-1474514

BUSINESS SOLD ON 08/01/2018

220

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SECRETARY OF STATE
DIVISION OF CORPORATION

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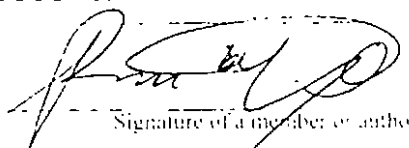
E. Effective date, if other than the date of filing: 08/10/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NAPLES FL AUGUST 08 2018



8-8-18

Signature of a member or authorized representative of a member

RAMIRO RUIZ ORTIZ. (NEW OWNER)

Typed or printed name of signer

220

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-06-2013

Employer Identification Number:
83-1474514

Form: SS-4

Number of this notice: CP 575 A

RAMIRO RUIZ ORTIZ
DOS SABORES
18731 3 OAKS PKWY
FORT MYERS, FL 33967

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-1474514. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	01/31/2013
Form 940	01/31/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Taxpayers Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4052) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your PIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is RUIZ. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 57-1A Rev. 7-2007

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

You: Telephone Number: Best Time to Call:
() - () - ()

DATE OF THIS NOTICE: 10 6 2016
EMPLOYER IDENTIFICATION NUMBER: 85-14 14 14
EIN: 88-4 NOHOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

RAMIRO RUIZ ORTIZ
LOS SABORES
1473. : LARS BYNY
: PL. MEARS, PL. 1957

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000024493

Entity Name: DOS SABORES LLC

Current Principal Place of Business:

18731 THREE OAKS PARKWAY
FORT MYERS, FL 33967

Current Mailing Address:

18731 THREE OAKS PARKWAY
FORT MYERS FL 33967

FEI Number: 46-4795150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOLEY FORENSIC ACCOUNTING LLC
3960 RADIO RD
202
NAPLES FL 34104 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida

SIGNATURE: ALBALUCIA FOLEY

04/27/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name OCHOA, FERNANDO
Address 18731 THREE OAKS PARKWAY
City-State-Zip FORT MYERS FL 33967

seller

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a manager, member or manager of the limited liability company or the partner or trustee of the limited liability company and that this report is required by Chapter 605, Florida Statutes, and that my name appears above or on an attachment with it or other are empowered.

SIGNATURE: FERNANDO OCHOA

MANAGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date