

L14000077707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

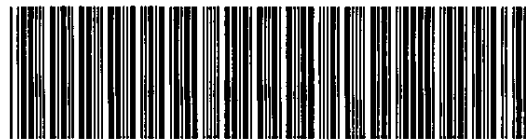
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400293055354

12/13/16--01014--002 **25.00

FILED
2016 DEC 30 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC 30 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2016

EGOAVIL & HORVAT, PLLC
K. LYNDA HORVAT
2525 PONCE DE LEON BLVD, STE. 300
CORAL GABLES, FL 33134

SUBJECT: JUANCHI'S BURGER, LLC
Ref. Number: L14000077707

RECEIVED
2016 DEC 30 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JUANCHI'S BURGER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00026635

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUANCHI'S BURGERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

K. LYNDA HORVAT

Name of Person

EGOAVIL & HORVAT, PLLC

Firm/Company

2525 PONCE DE LEON BOULEVARD, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

INFO@EGOAVILHORVAT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. LYNDA HORVAT

305 697-8505
at ()

Name of Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
2016 DEC 30 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUANCHI'S BURGERS, 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 _____ and assigned Florida document number L14000077707.

This amendment is submitted to amend the following:

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

JUANCHI'S BURGERS, LLC

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

Enter new principal offices address, if applicable:

1247 S.W. 22ND STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

K. LYNDA HORVAT

New Registered Office Address:

2525 PONCE DE LEON BOULEVARD, SUITE 300

Enter Florida street address

CORAL GABLES

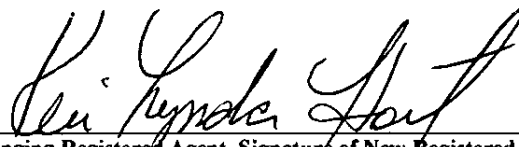
City

Florida 33134

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 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>
MMGR	JUAN CARLOS AOUN	1247 S.W. 22ND ST.	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	HERNAN ALBORNOZ	1247 S.W. 22ND ST.	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2006 DEC 30 PM 4:18
 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

FILED
2016 DEC 30 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 November 30, 2016

Juan Carlos Aoun

Signature of a member or authorized representative of a member

JUAN CARLOS AOUN

Typed or printed name of signee