14000083441

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COVER LETTER

TO: Registration Division of C			
	O LOCO CHURRASCARIA L	LC ,	
SUBJĘCT:	Name of Li	mited Liability Company	
The enclosed Articles (of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		Name of Person	
	VANDA DUGBERS CA		
	WYRKO BOSINESS CO	NSULTING & TAX CORP Firm/Company	
	344 W 65 ST SUITE 204		
		Address	
	HIALEAH, FL 33012		
		City/State and Zip Code	
	MABROBUSINESSCONS F-mail address:	SULTING@GMAIL.COM (to be used for future annual report notific	ration)
For further information	concerning this matter, please of		
FRANCISCO MARRE	RO	305 320-9330 at ()	
Name	of Person		Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encosed)
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Street FL 3	on To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL TORO LOCO CHURRASCARIA 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 05/22/2014 and assigned
Florida document number L14000083441	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	by Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	**************************************
New Registered Office Address:	~. @s
	Enter Florida street address
	Florida Fig. Cin. Zip.Sode
New Registered Agent's Signature, if changing Registered Agent:	₩
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete percept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if His document is

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>	Address	Type of Action
MGR	MARA ESPINOSA	13800 SW 8TH ST	
		MIAMI, FL 33184	□Remove
MGR	ALDO ESPINOSA	13800 SW 8TH ST	□Add
		MIAMI, FL 33184	□Remove
			≡ Change
			□Add
			□Remove
			□Change
			OAdd
			□Remove
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			□Remove
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an effective date	is listed, the date must be	specific and cannot be	e prior to date of filing	or more than 90 days	optional) - Seafter filing.) Pursua	ent to 60 <u>5.0</u> 2
ocument's effec	e inserted in this block ctive date on the Depa	riment of State's re-	applicable statutory cords.	filing requirements	s, this date wil (190	t be listed
ecord specifies	a delayed effective da	ite, but not an effect	tive time, at 12:01 a	.m. on the earlier o	f: (b), The 90th o	iay after th
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<u>-</u> :		U Mono W				
	Sign	12 to Vf a member or	authorized representa	tive of a member	 .	
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