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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RESTAURANTE TIKAL, 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:

**ORVELIO BRIONES**

Name of Person

**RESTAURANTE TIKAL, LLC**

Firm/Company

**1028 OMAR RD**

Address

**WEST PALM BEACH, FL 33405**

City/State and Zip Code

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

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**ORVELIO BRIONES**

Name of Person

at ( **561** ) **329-5457**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## RESTAURANTE TIKAL, LLC

Page 1 of 3

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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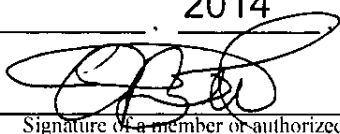
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **AUGUST 18** **2014**



Signature of a member or authorized representative of a member

**ORVELIO BRIONES**

Typed or printed name of signee

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OF DEPT OF STATE  
TALLAHASSEE, FL 32310