# U4000127001

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Humb)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100262740261

08/19/14--01023--013 \*\*30.00

AUG 2 0 2014

2014 AUG 19 FH 3: 25

## **COVER LETTER**

TO: Registration Section
Division of Corporations

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)

For further information concerning this matter, please call:

# ORVELIO BRIONES

...561、329-5457

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

		E TIKAL, LLC			
(Name of the Limited 1 (A)	iability Compa Torida Limited	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L14000127001</u>	lity Company	were filed on 08/13/2	014	and assi	igned
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
RESTAURANTE LA PERLA ESCONDIE	A, LLC				
The new name must be distinguishable and end with the work	ds "Limited Liab	ility Company," the designat	ion "LLC" or the abbro	eviation "L	.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR.)		N/A			
		- "	•		9
				75 - 75 1	
				27,75	<del>-5</del>
Enter new mailing address, if applicable:		N/A		달존	9
(Mailing address MAY BE A POST OFFICE BO.	<b>X</b> )				
Manning wantess Will BETT OBT OFFICE BO	<u>, 17</u>			57.25	~ <del>```</del>
			·	=====	<del>- 'ŏi -</del>
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the	name (	of the new
registered agent and/or the new registered office	auuress ner	<u>c</u> .			
Name of New Registered Agent:	V/A				<del></del>
New Registered Office Address:					
•		Enter Florida stree	et address		
_			, Florida		
		Ciţy		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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
		N/A	Add	
			□ Remove	
			Add	
			□ Remove	
			Add	
			3: Rem635	
		· · · · · · · · · · · · · · · · · · ·	原立: 央 二世Remby	
			Add	
		<del></del>	☐ Remove	
			□ Remove	

f amending any other info	rmation, enter change(s) here: (Attach addi	tional sheets, if necessary.)
1		
<u> </u>		
<del></del>		
Effective date, if other than	the date of filing:	(optional)
The effective date must be specific the date this document is filed by	cannot be prior to date of receipt or filed date and cannot	ot be more than 90 days after
Dated AUGUST 18	2014	
Dated		
	( 50)	
	Signature of a member of authorized representati	ve of a member
	ORVELIO BRIONE	S
T	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2814 AUG 19 PM 3: 25