## L14000/37681

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100270508701

03/16/15--01018--015 \*\*30.00

## COVER LETTER

	ision of Corp			
SUBJECT:	La Casa	De Los Chimis LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jose Osvaldo Polan	СО	
			Name of Person	<del></del>
		La Casa De Los Ch	imis	
			Firm/Company	
		517 N Semoran Blv	d	
			Address	***************************************
		Orlando FL 32807		
			City/State and Zip Code	
		josepolanco9163@y		
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation co	oncerning this matter, please c	all:	
Jose Osv	aldo Pola	nco	407 782-315	<b>i</b> 3
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COUI	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 MAR 16 PM 2: 20 SECRETARY OF STATE

Restaurant La	ıs Marias I	LL	С
---------------	-------------	----	---

(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 Florida document number <u>L14000137681</u> .	were filed on 09/03/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
La Casa De Los Chimis LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	517 N Semoran Blvd
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32807
	517 N Semoran Blvd
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando,FL 32807
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	170 s
	. Florida

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Osvaldo Polanco	517 N Semoran Blvd.	<b>■</b> Add
		Orlando,FL 32807	Remove
AMBR	Jennifer Valdes	517 N Semoran Blvd	■ Add
		Orlando, FL 32807	☐ Remove
AMBR	MAXIMO J ESPINAL	517 N Semoran Blvd	Add
		Orlando, FL 32807	■ Remove
AMBR	ROBERTO ESPINAL	517 N Semoran Blvd	□ Add
	•	Orlando, FL 32807	■ Remove
			Add
			Remove
			Add
			□ Remove

If amending any other information, e	iter change(s) here: (Attach a	dditional sheets, if necessary.)
•	<u></u>	
·		
**************************************		**************************************
	· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date o	f filing:	(optional)
The effective date must be specific, cannot be pri the date this document is filed by the Florida De		annot be more than 90 days after
Dated March 10	2015	
Alled		
Lignatu	re of a member or authorized represen	ntative of a member
Jose Osvaldo Polanco		
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00

2015 MAR 16 PM 2: 20