



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** El Milagro Restaurant 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:

Patricia F Rodas  
Name of Person

agent authorize  
Firm/Company

4320 SW 20 Ave.  
Address

Gainesville FL 32607  
City/State and Zip Code

elmilagrorestaurant@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia F Rodas at (352) 301 6554  
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

APPROVED  
AND  
FILED  
15 MAY 27 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

El Milagro Restaurant 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 12/17/2014 and assigned Florida document number 44000191769.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

Candida Altagracia

(Principal office address MUST BE A STREET ADDRESS)

Tremol 4320 SW 20 AVE  
~~4965 SW 91 ST~~ Gainesville FL  
32607

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: Candida Altagracia Tremol

New Registered Office Address: 4320 SW 20 AVE

Enter Florida street address

Gainesville, Florida FL 32607  
City 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.

Candida Altagracia Tremol  
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Patricia F Rodas	4320 SW 20 AVE.	<input type="checkbox"/> Add
		Gainesville FL 32607	<input checked="" type="checkbox"/> Remove
AMBR	Elisco C. Mendez Tobo	4320 SW 20 AVE.	<input checked="" type="checkbox"/> Add
		Gainesville FL 32607	<input type="checkbox"/> Remove
MGR	Candida A Tremol	4320 SW 20 AVE	<input checked="" type="checkbox"/> Add
		Gainesville FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 MAR 27 PM 4:19  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

APPROVED  
 AND  
 FILED

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

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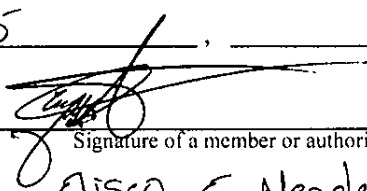
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 5-27-15, \_\_\_\_\_



Signature of a member or authorized representative of a member

Alisco E. Mendez Tabar

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 27 PM 4: 19

APPROVED  
AND  
FILED