15000143808

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
. Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2016 MAR 17 Ph 3: 45
SLUKETHRY OF STATE
TAIL AHASSEE, FI DRIDS

K.SALY EXAMINER MAR 18

COVER LETTER

SUBJEC							
Name of Limited Liability Company							
he encl	sed Articles of Amendment and fee(s) are submitted for filing.						
lease re	arn all correspondence concerning this matter to the following:						
	MARTHA M COLOMA						
	Name of Person						
	ALL FLORIDA FINANCIAL INC						
	Firm/Company						
	9160 FORUM CORPORATE BLVD						
	Address						
	FORT MYERS FL 33905						
	City/State and Zip Code						
	MCOLOMA@COMCAST.NET						
	E-mail address: (to be used for future annual report notification)						
For furth	r information concerning this matter, please call:						
MARTI	A M COLOMA 239 995-7500 at ()						
	Name of Person Area Code Daytime Telephone Number						

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327

TO:

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



ASADO EL PAISA FLORIDA LLC

company has been notified in writing of this change.

(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 w	rere filed on	and assigned	
Florida document number L15000143808			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
THE NUMBER ONE FAST FOOD LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" 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)			
	7,000	7,000	
B. If amending the registered agent and/or registered offi-	ce address on our reco	rds, enter the name of the new	
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
	, Flo		
	City	FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete po accept the obligations of my position as registered agent as pro	erformance of my duties,	and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2016 MAR 17 PM 3: 48 Type of Action AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> _□ Add ☐ Remove _□ Change _ Add ☐ Remove _□ Change □ Add □ Remove _□ Change ☐ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

ees motilità	tion, enter change(s) here: (Attach addit	иты миссы, ц нессыянул	11
			MARIO
			PIL PORTER
		17.1	LAHASSE U
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fective date, if other than the d	ste of filing:	(optional)	
n effective date is listed, the date must I	ne specific and cannot be prior to date of filing o	or more than 90 days after filing.) P	ursuant to 605,0201
cument's effective date on the Dep	k does not meet the applicable statutory f artment of State's records.	ning requirements, ous date w	in not be usied as
	•		
record specifies a delayed (effective date, but not an effectiv	e time, at 12:01 a.m. o	n the earlier
ne 90th day after the recor	d is filed.		
d	2016		
MARCH 14			
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Sig	enature a nyember of authorized represent	ative of a memori	

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