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COVER LETTER

	istration Sec ision of Corp					
SUBJECT:	El Jalisco Ly	nn Haven LLC				
Jobate I.		Name of Limi	ned Liability Company			
The enclosed	ا Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Jose Carranza Torres				
			Name of Person			
		El Jalisco Lynn Haven LLO	<u> </u>			
Firm/Company						
		503 Coliseum Blvd Suite E	3 			
			Address			
		Montgomery AL 36109				
		City/State and Zip Code advancedbusinesssolutionsii@gmail.com				
			to be used for future annual report notific	ration)		
For further in	nformation co	ncerning this matter, please ca	all:			
Nancy Pifer			334 386-2526			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	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



El Jalisco Lynn Haven, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ompany were filed on $\frac{12/15/2015}{12}$	and assigned		
Florida document number L15000208500	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ered office address on our re ess here:	cords, enter the name of the new		
New Registered Office Produces.	Enter Florida street	address		
		, Florida		
	City	Zip Code		
	•	• " '		
New Registered Agent's Signature, if changing Registered	•			

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** <u>Name</u> <u>Title</u> 47 AMY LANE VICTOR CARRANZA MGR _□ Add CRAWFORDVILLE, FL 32327 **■** Remove ☐ Change □ Add □ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _D Add □ Remove

_□ Change

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Effective date, if other than the fan effective date is listed, the date in this locument's effective date on the	must be specific and cannot be block does not meet the a	e prior to date of filing o applicable statutory fi	(option (option) (option	filing.) Pursuant to 605.0207
e record specifies a delay The 90th day after the r		ut not an effectiv	e time, at 12:01 a	.m. on the earlier of
Dated August 21				
	,			
<u></u>	OSE Car (a.wza 1 Signature of a member o	r authorized representat	ive of a member	

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Filing Fee: \$25.00