

L16000022945

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000034712 3)))



H160000347123ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.
Account Number : I20110000056
Phone : (305) 823-9292
Fax Number : (305) 824-0703

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ATCGI@yahoo.com

RECEIVED
2016 FEB 15 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 FEB 15 AM 9:31
TALLAHASSEE, FLORIDA

ELC AMND/RESTATE/CORRECT OR M/MG RESIGN
DON MATIAS RESTAURANT # 2 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FEB 16 2016

Y SULKER

Electronic Filing Menu Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DON MATIAS RESTAURANT # 2 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 02/02/2016 and assigned
Florida document number L16000022945.

This amendment is submitted to amend the following:

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

DON MATIAS RESTAURANT No 2, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

FILED
16 FEB 15 AM 9:31
TALLAHASSEE, FLORIDA

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:

FLOREZ RESTREPO, ANGELA M

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FLORES RESTREPO, ANGELA M		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FLOREZ RESTREPO, ANGELA	6284 NW 186TH ST	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 FEB 15 AM 9:31
 DEPARTMENT OF REVENUE
 FLORIDA

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

THE REGISTER LAST NAME AND MGR NEED TO BE CHANGE TO FLOREZ

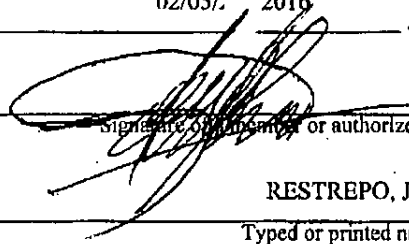
FILED
16 FEB 15 AM 9:31
TAMPA
STATE OF FLORIDA

E. Effective date, if other than the date of filing: 02/05/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 02/05/ 2016


Signature of member or authorized representative of a member
RESTREPO, JOHN R
Typed or printed name of signee



February 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DON MATIAS RESTAURANT # 2 LLC
7788 NW 44TH ST
SUNRISE, FL 33351US

SUBJECT: DON MATIAS RESTAURANT # 2 LLC
REF: L16000022945

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000034712
Letter Number: 516A00002920

RECEIVED

2016 FEB 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA