

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000034712 3)))



H160000347123ABCY

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## 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.comRECEIVED  
2016 FEB 15 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAELC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DON MATIAS RESTAURANT # 2 LLC

Certificate of Status	0
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Page Count	03
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FEB 16 2016

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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)

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

City, 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 type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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  
CLAIMS SECTION  
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  
CLERK OF COURT  
JANUARY 15, 2016  
CLERK OF COURT  
JANUARY 15, 2016

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

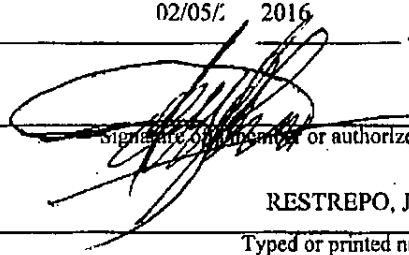
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

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TALLAHASSEE, FLORIDA