

LIB 000027848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

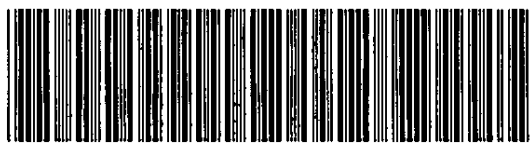
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -6 AM 11:10

JUN 07 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL TAYTA ON THE BEACH 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:

WILKINS LUQUE

Name of Person

Firm/Company

1721 E HALLANDALE BEACH BLVD

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

KIWILUQUE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
16 JUN -6 AM 11:10

For further information concerning this matter, please call:

WILKINS LUQUE

786

525-2855

at ()

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

EL TAYTA ON THE BEACH LLC

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number L16000027848

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

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)

600 N SURF ROAD

HOLLYWOOD FL 33019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 N SURF ROAD

HOLLYWOOD FL 33019

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:

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>
AMBR	FOSOB GROUP INC	5384 SALT BUSH WAY	<input checked="" type="checkbox"/> Add
		FONTANA CA, 92336	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA
JUN 16 10 AM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

Dated JUNE 2nd 2016

Signature of a member or authorized representative of a member

Wilkins /ogve
Typed or printed name of signee