## 1/6/000 43238

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## **COVER LETTER**

	Registration Se Division of Cor					
end iez	El Patio Ca					
SUBJEC	CT:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Javier Lopez				
		<u> </u>	Name of Person			
		El Patio Cantina, LLC				
		Firm/Company				
		18576 High Springs Main	Street			
		Address High Springs, FL 32643				
		City/State and Zip Code lopezjavie_7227@yahoo.com  E-mail address: (to be used for future annual report notification)				
				.cation)		
For furth	er information c	oncerning this matter, please co	all:			
Amy r. i	McRoberts		386 454-0785 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
<b>≡</b> \$253	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)		
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



El Patio Cantina, 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 Florida document number L16000043238		and assigned
This amendment is submitted to amend the following:	<del></del> ·	
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>e</u> I <u>dress here</u> :	enter the name of the new
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida street address	<del></del>
	, Floric	la
	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>	Address	Type of Action
MBR	Jamie Melendez	214 Windmill Rd	<b>_</b>
		Cerrville, TX 78028	Remove
			☐ Change
		<u></u>	
			□ Remove
			E Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the app	or to date of filing or more the icable statutory filing requ	(optional) an 90 days after filing.) Pursuar airements, this date will not	nt to 605,0207 (3 be listed as th
e record specifies a delayed The 90th day after the reco	effective date, but rord is filed.	not an effective time,	at 12:01 a.m. on the	earlier of:
Dated	2017			
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Typed or printed name of signee

Filing Fee: \$25.00