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COVER LETTER

то:	Registration Se Division of Cor			
411 111 1111 A		40NTANERO LLC		
SUBJE	∪1÷	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
Please re	eturn all correspo	ondence concerning this matter		
		GABRIELA MARIA GUT		
		RINCON MONTANERO	Name of Person LLC	
		168 S SEMORAN BLVD	Firm/Company	
		ORLANDO, FL, 32807	Address	
		City/State and Zip Code ESTAURANT@GMAIL.COM to be used for future annual report notif	igation)	
For furth	ner information c	oncerning this matter, please co		(Kullivi)
GABRII	ELA MARIA GU	JTIERREZ	407 756-4944 at ()_	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations

TO:

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

ARTICLES OF ORGANIZATION OF

RINCON MONTANERO LLC			ر
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	our records.)
The Articles of Organization for this Limited l		were filed on $\frac{0.3/1.5/20}{}$	and assigned
his amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liab	ility company here:	
∛A			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> 3. If amending the registered agent and		N/A	
egistered agent and/or the new registered of			records, enter the name of the
Name of New Registered Agent: GABRIELA MARIA GUTIER		ARIA GUTIERREZ	
New Registered Office Address:	168 S SEMORA	AN BLVD	
new registered Office Address.		Enter Florida str	veet address
	ORLANDO		, Florida ³²⁸⁰⁷

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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	PAOLA BORRERO	168 S SEMORAN BLVD	5
		ORLANDO, FL. 32807	
			Remove
			Change
MGR	GABRIELA MARIA GUTIERREZ	168 S SEMORAN BLVD	
		ORLANDO, FL, 32807	■ Add
			Remove
			Change
			Remove
			Change
			☐ Remove
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

	N/A
	•
. Effec	10/16/2019 Live date, if other than the date of filing: (optional)
Note:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTOBER 16 2019
i,zate,ti	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00