

L16000/105749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

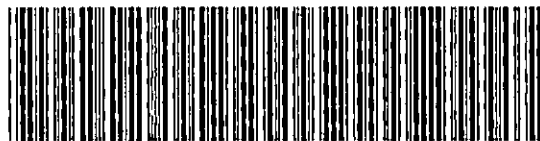
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PAID
FEB 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EL PASTOR TAQUERIA 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:

CARLOS ALBERTO ALOI

Name of Person

EL PASTOR TAQUERIA LLC

Firm/Company

19575 Biscayne Blvd.
#3205

Address

Aventura, FL 33180

City/State and Zip Code

albertoaloi@gmail.com

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

For further information concerning this matter, please call:

Sebastian Aloï

310

855-4767

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

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

EL PASTOR TAQUERIA 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 5/26/2016 and assigned
Florida document number 116000105749.

This amendment is submitted to amend the following:

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)

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:

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	SEBASTIAN ALBERTO ALOI	17001 Collins Ave., #1404 Sunny Isles, FL 33160	<input checked="" 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
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			<input type="checkbox"/> Change

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(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 February 4th 2019

CARLOS ALBERTO ALOI

Page 3 of 3
Filing Fee: \$25.00

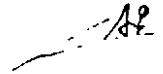
Signature Certificate

 Document Reference: DRBSUTIMW5CTFDSRTGH6VC

RightSignature

Easy Online Document Signing

Carlos Alberto Aloï
Party ID: SNMUFDJNYLRZEG5FCJL2TJ
IP Address: 179.28.181.249
VERIFIED EMAIL: albertoaloi@gmail.com



Multifactor
Digital Fingerprint Checksum

5040aa30e9f05c2ee87b5e866516082bbe529692



Timestamp

2019-02-05 14:37:04 -0800

2019-02-05 14:37:04 -0800

2019-02-05 14:37:04 -0800

2019-02-05 14:37:04 -0800

Audit

All parties have signed document. Signed copies sent to: Mark, Patricia Acosta, Sebastian Aloï, Carlos Alberto Aloï, and Private Advising Group.

Document signed by Carlos Alberto Aloï (albertoaloi@gmail.com) with drawn signature. - 179.28.181.249

Document viewed by Carlos Alberto Aloï (albertoaloi@gmail.com). - 179.28.181.249

Document created by Private Advising Group (jp@private-advising.com). - 63.251.154.106



This signature page provides a record of the online activity executing this contract.