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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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S. YOUNG

SECRETARY OF SINIS

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	THE GOLI	DEN PERUVIAN & LATIN C	UISINE LLC	
оо р је.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		SANTO D. REYES		
			Name of Person	
		THE GOLDEN PERUVIA	N & LATIN CUISINE LLC	
			Firm/Company	···
		8763 NW 57TH AVENUE	3	ication)
			Address	
		TAMARAC FL 33351		1 8
		CONTRACT THE CONTRACTOR OF THE	City/State and Zip Code	PM
		JIMENEZACCOUNTING(
For furth	or information o	·	to be used for future annual report notif	ication)
		oncerning this matter, please ca	air:	
SANTO	D. REYES		954 496-1990 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
	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)
		ING ADDRESS: ation Section	STREET/COURI Registration Section	

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GOLDEN PERUVIAN & LATIN CUISIN	E LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as It now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned
Florida document number L1600136440		
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." (2)
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2)	9 737
		PH
Enter new mailing address, if applicable:		F. 13.
(Mailing address MAY BE A POST OFFICE BOX)		S #
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	8
	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
MGR	FREDDIE F. FELIPA	8763 NW 57TH AVENUE	Add
		TAMARAC FL 33351	■ Remove
			☐ Change
AMBR	PATRICIA OTALVARO	8763 NW 57TH AVENUE	■ Add
		TAMARAC FL 33351	□ Remove
			Change
			Remaye 03
			Change
			□ Add
			☐ Remove
		4	Change
			Add
			□ Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filinate: If the date inserted in this block does not meet the applicable statutor.	ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect	tive time at 12,01 a.m. on the earlier of
The 90th day after the record is filed.	tive time, at 12.01 a.m. on the earner or
AUGUST 18TH 2016	
ited Access form	
Sant Voice	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00