# L16000 139028

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|   |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SEP 23 2016 S. YOUNG SECRETARY OF STATE PALLAHASSEE, FLORIS

# **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |                    |                  |
|--|---|---|--|--------------------|------------------|
| EL Nopal S                             | Southeast, LLC  |   |  |                    |                  |
| SUBJECT:                               | Name of Limi  | ited Liability Company  |  |                    |                  |
|  | Amendment and fee(s) are subsondence concerning this matter | •   |  |                    |                  |
|  | Francisco Villalobos  |   |  |                    |                  |
|  | 191 191 191 191 191 191 191 191 191 191                     | Name of Person  |  |                    |                  |
|  | EL Nopal Southeast, LLC                                     |   |  |                    |                  |
|  |   |   |  |                    |                  |
|  | 19111 Glenmoor Dr.  |   |  | 5                  |                  |
|  |   | Address   |  | SEP                |                  |
|  | West Palm Beach, FL 3340                                    | 09  |  | 16 SEP 22 PH 2: 43 | ELCAHACTER ACCES |
|  |   | City/State and Zip Code   |  | 2                  | -                |
|  | paco1973fran@hotmail.com                                    |   |  | $\ddot{5}$         | 5                |
|  | ·   | to be used for future annual report notific                         | ation)   | ີ້ເລ               |                  |
| For further information of             | concerning this matter, please ca                           | ill:  |  |                    |                  |
| Francisco Villalobos                   |   | 561 676-5072<br>at ()   |  |                    |                  |
| Name o                                 | of Person   | Area Code Daytime   | Telephone Number   |                    |                  |
| Enclosed is a check for the            | he following amount:  |   |  |                    |                  |
| □ \$25.00 Filing Fee                   |   | □ \$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:  | STREET/COURIE Registration Section                                  |  |                    |                  |

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 Nopal Southeast, LLC  |  |                         |                   |                       |
|--|--|-------------------------|-------------------|-----------------------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lir   | Company as it now appears on or mited Liability Company) | ur records.)            |                   |                       |
| The Articles of Organization for this Limited Liability Com Florida document number L16000139028             | npany were filed on 7/11/201                             | 6                       | _ and assigned    |                       |
| This amendment is submitted to amend the following:  |  |                         |                   | PALL VII ASSEE FLOWIN |
| A. If amending name, enter the new name of the limited   | d liability company here:                                |                         |                   |                       |
| The new name must be distinguishable and contain the words "Limited  | d Liability Company," the designate                      | tion "LLC" or the abbre | eviation "L.L.C." |                       |
| Enter new principal offices address, if applicable:  | -1   |                         | ····              | <del>프</del> 와        |
| (Principal office address MUST BE A STREET ADDRES  | SS)  |                         |                   |                       |
|  |  |                         | SEP.              |                       |
|  |  |                         | 22                | S 27.4                |
| Enter new mailing address, if applicable:  |  |                         | P                 | ing.                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                         | 2.                | ارا ا<br>الا          |
|  |  |                         | చ్                | —<br>第<br>2           |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres |  | records, enter th       | e name of th      | <u>e_new</u>          |
| Name of New Registered Agent:  |  |                         |                   |                       |
| New Registered Office Address:   | Enter Florida str  | reet address            |                   |                       |
|  |  | , Florida               |                   |                       |
|  | Cuy  |                         | Zip Code          |                       |
| New Registered Agent's Signature, if changing Registered A   | 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                                   | Alejandro Escobar   | 19111 Glenmoor Dr         | B Add          |
|                                       |                     | West Palm Beach, FL 33409 | □ Remove       |
|                                       |                     |                           | □ Change       |
| MGR                                   | Alejandro E Santana | 19111 Glenmoor Dr         | □ Add          |
|                                       |                     | West Palm Beach, FL 33409 | ■ Remove       |
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| fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department. | ecific and cannot be<br>ses not meet the ap | plicable statutory | or more than 90 days after | ional)<br>or filing.) Pursuant to 6<br>is date will not be li | 05.0207 (3<br>sted as th |
| record specifies a delayed effe<br>The 90th day after the record i  |   | not an effecti     | ve time, at 12:01          | a.m. on the ear   | lier of:                 |
| September 19th  | 2016  | ·                  |                            |   |                          |
|   |   |                    | 1"                         |   |                          |
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Page 3 of 3

Filing Fee: \$25.00

# ELORIDA: DEPARTMENT OF STATE DIVISION OF CORPORATIONS: Simble

## **Detail by Entity Name**

#### Florida Limited Liability Company

EL NOPAL SOUTHEAST, LLC

#### Filing Information

**Document Number** 

L16000139028

FEI/EIN Number

NONE

Date Filed

07/11/2016

State

FL

Status

**ACTIVE** 

#### **Principal Address**

19111 GLENMOOR DR.

WEST PALM BEACH, FL 33409

#### **Mailing Address**

19111 GLENMOOR DR.

WEST PALM BEACH, FL 33409

#### Registered Agent Name & Address

VILLALOBOS, FRANCISCO J 19111 GLENMOOR DR.

WEST PALM BEACH, FL 33409

#### Authorized Person(s) Detail

#### Name & Address

Title MGR

VILLALOBOS, FRANCISCO J 19111 GLENMOOR DR. WEST PALM BEACH, FL 33409

Title MGR

SANTANA, ALEJANDRO E 19111 GLENMOOR DR. WEST PALM BEACH, FL 33409

#### **Annual Reports**

No Annual Reports Filed