

L16000204986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200292319312

12/01/16--01012--024 **25.00

FILED
16 DEC -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 6 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHURROS ON FLECK 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:

HERNÁN ALMIRON

Name of Person

CHURROS ON FLECK LLC

Firm/Company

7207 BAY DRIVE UNIT 19

Address

MIAMI BEACH FL 33019

City/State and Zip Code

INFO@CHURROSONFLECK.COM

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

For further information concerning this matter, please call:

HERNÁN ALMIRON

Name of Person

at (305)

Area Code

924-3299

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
16 DEC -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CHURROS ON FLECK LLC
(Name of the Limited Liability Company as it now appears on our records.)
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11 - 27 - 16 and assigned
Florida document number L16000204986.

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

FILED
16 DEC - 1 AM 9:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

MGR = Manager
AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	ACTION
MGR	GARRISAN BUSINESS, LLC	7441 WAYNE AVE.	#3-0			<input type="checkbox"/> Add
		MIAMI BEACH, FL	33141			<input checked="" type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input 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
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change

FILED
16 DEC - 1
AM 9 57
ADD
REMOVE
CHANGE
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA
ADD

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY
TALLAHASSEE

FILED
16 DEC - 1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
suam 605.020 (3)(b)
not listed at the

Effective date, if other than the date of filing: _____ (optional)

(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.

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of _____

HERNÁN ALMIRÓN

Typed or printed name of signee