L16000215867

(Rec	questor's Name)	
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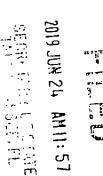
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		LOCO CHURRASCARIA 851	T LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		MABRO BUSINESS CON		
			Firm/Company	
		344 W 65 ST SUITE 204		
		HIALEAH, FL 33012	Address	
		ELTOROLOCO8ST@GM/	CHURRASCARIA 8ST LLC Name of Limited Liability Company Iment and fee(s) are submitted for filing. concerning this matter to the following: Name of Person ABRO BUSINESS CONSULTING & TAX CORP Firm/Company 4 W 65 ST SUITE 204 Address ALEAH, FL 33012 City/State and Zip Code POROLOCOSST@GMAIL.COM E-mail address: (to be used for future annual report notification) ing this matter, please call: TING & TAX CORP at (
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
MABE	<u> </u>	ONSULTING & TAX CORP	305 320-9330 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$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 TORO LOCO CHURRASCARIA 8ST.LLC

(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L16000215867	Company were filed on 11/28/2016	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	SE 30 11 2
Enter new mailing address, if applicable:		E T
(Mailing address MAY BE A POST OFFICE BOX)		5
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our record ddress here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s.s
		orida
	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>	Name	<u>Address</u>	Type of Action
AMBR	ALDO ESPINOSA	481 SW 89TH CT MIAMI, FL 33174	■ Add
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te: III	the date inserted	than the date of the date must be spec I in this block does ton the Departme	s not meet the ap	plicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant t s, this date will not be	o 605.020 e listed a
recor he 90	d specifies a Oth day after	delayed effect the record is t	tive date, but filed.	not an effecti	ve time, at 12:	01 a.m. on the ϵ	arlier o
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		\	C/8//				

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Typed or printed name of signee

Filing Fee: \$25.00