

L17000004359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

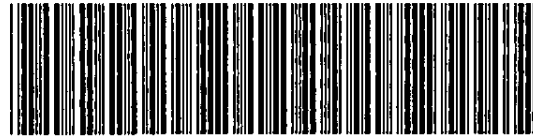
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 1 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2017

IVONNE AGUILAR
14335 SW 120TH ST
SUITE 114
MIAMI, FL 33186

SUBJECT: TORRES FAMILIA RESTAURANTE, L.L.C.
Ref. Number: L17000004359

RECEIVED
2017 APR 26 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TORRES FAMILIA RESTAURANTE, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 317A00007230

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Torres Familia Restaurante, L.L.C

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:

Ivonne Aguilar

Name of Person

Firm/Company

14335 SW 120th Street, Suite 114

Address

Miami, FL 33186

City/State and Zip Code

psrusinz@gmail.com

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

For further information concerning this matter, please call:

Ivonne Aguilar

305 898-2599
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

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TALLAHASSEE, FLORIDA

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

Torres Familia Restaurante, L.L.C.

(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 01/05/2017 and assigned
Florida document number L17000004359.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Don Burrito, L.L.C.

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)

10855 SW 72 Street

Suite 43

Miami, FL 33173

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

psrusinz@gmail.com

14335 SW 120th Street, Suite 114

Miami, FL 33186

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:

Alina Torres

New Registered Office Address:

11263 SW 74 Street

Enter Florida street address

Miami

City

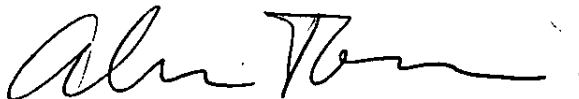
, Florida

33173

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

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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	Alina Torres	11263 SW 74 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daneri Torres	11263 SW 74 Street	<input type="checkbox"/> Add
		Miami, FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Francisco Torres	11263 SW 74 Street	<input type="checkbox"/> Add
		Miami, FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Alfredo Torres	11263 SW 74 Street	<input type="checkbox"/> Add
		Miami, FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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[illegible]

(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)

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

Alb. Turner

Alina Torres

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Filing Fee: \$25.00