17000040362

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	2 #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

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		· · ·	UVER LETTER	
	Registration Sec Division of Corp			
		ANADAS I.LC		
SUBJEC	.T:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		BEATRIZ BARREIRO		<u></u>
		<u>.</u>	Name of Person	
		QUE EMPANDAS LLC		
		<u> </u>	Firm/Company	
		4100A N 29TH AVE		
			Address	
		HOLLYWOOD JFL 33020)	
		ALLOCCOBEATRIZ@YA	City/State and Zip Code JIOO.COM	
			to be used for future annual report no	tification)
For furth	ier information c	oncerning this matter, please c	all:	
BEATR	IZ BARREIRO		305 467-3623	
	Name o	i Person		me Telephone Number
Enclosed	l is a check for th	te following amount:		
■ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Tenter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUE EMPANADAS LLC		1	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it no Liability Co	w appears on our records.) inpany)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000040362</u>	were file	d on <u>02/20/2017</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility com</u>	 p <u>any here</u> : 	
The new name must be distinguishable and contain the words "Limited Liabil	lity Compa	y," the designation "LEC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N 29TH AVE	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	HOLL	WOOD, FL 33020	<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		N 29TH AVE YWOOD, FL 33020	
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her		lress on our records,	ALC: N
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	City	, Flor	rida 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

Page 1 of 3

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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	GARONE, MARCELO	4040 N 29TH AVE	🗆 Add
		HOLLYWOOD, FL 33020	🖬 Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
		Remove	
			Change
<u></u>			🖸 Add
			Remove
			Add
		🗇 Remove	
		Change	
		Page 2 of 3	

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		<u> </u>
		31 SSS
		E122
		25
	. <u> </u>	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) by filing requirements, this date will not be listed as the
If the reco (b) The 9	rd specifies a delayed effective date, but not an effec Oth day after the record is filed.	tive time, at 12:01 a.m. on the earlier of:
Dated	Represeed	re
	Signature of a member or authorized represe	
	BEATRIZ BARREIRO	
	Typed or printed name of si	: gnee 1
	Page 3 of 3	
	Filing Fee: \$25.0	 0

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

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