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DIVISION OF CLERK & RECORDS

Q SIMMONS
SEP 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.D. RESTAURANT HOLDINGS, 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:

DANNY GARCIA, CPA

Name of Person

KSDT & CO.

Firm/Company

10 NE 18TH STREET

Address

HOMESTEAD, FL 33030

City/State and Zip Code

DGARCIA@KSDT-CPA.COM

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

For further information concerning this matter, please call:

DANNY GARCIA, CPA

305 245-0440
at ()

Name of Person

Area Code

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

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DIVISION OF CRIMINAL JUSTICE

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	ANGEL OSORIO	941 W. PALM DRIVE, UNIT # 2	<input type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIEZI HACMONI REYES MEJIA	941 W. PALM DRIVE, UNIT # 2	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIZBETH NOELIA ZELEDON SC	941 W. PALM DRIVE, UNIT # 2	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<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

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 DIVISION OF PROFESSIONS

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

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DIVISION OF

E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

08/29/17

Signature of a member or authorized representative of a member

DAVID GARCIA, SR.

Typed or printed name of signee