11000152865

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



09/01/17--01016--024 **25.00

DIVISION OF CLETT # STICKS 17 SEP -1 AH11: 52 FILED

O SITVIMONS SEP 0 5 2017

C	()	V	E	R	L	E	ľ	ΓE	R

f0:		Registration Section
	•	Division of Corporations

A.D. RESTAURANT HOLDINGS, LLC SUBJECT:

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

Name of Person

305 at (_____) Area Code Dayti

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$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

A.D. RESTAURANT HOLDINGS, LLC

 (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 JULY 17, 2017	and assigned
Flerida document number 117000152865	

This amendment is submitted to amend the following:

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

GARCIA & REYES RESTAURANT HOLDINGS, LLC

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	m
	» — · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u>نې</u> کې د
(Mailing address MAY BE A POST OFFICE BOX)	
· · · · ·	

B. If amending the registered agent and/or registered office address on our records. <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Idress
		, Florida
	Сцу	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

هر ن

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR =. Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	ANGEL OSORIO	941 W. PALM DRIVE, UNIT # 2	🗆 Add
		FLORIDA CITY, FL 33034	_
			Change
MGR	GIEZI HACMONI REYES MEJIA	941 W. PALM DRIVE, UNIT # 2	🖬 Add
		FLORIDA CITY, FL 33634	C Remove
			Change
MGR	LIZBETH NOELIA ZELEDON SC	941 W. PALM DRIVE, UNIT # 2	Add
		FLORIDA CITY, FL 33034	Change TILE
			Rest Arc TIL Change
			→ Add S
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			Change

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

			······
		· · · · · · · · · · · · · · · · · · ·	
FILED	······································		
			<u> </u>
		<u> </u>	
And			
SEP -1 AHII: 58			
SEP -1 MILLED			
			<u> </u>
			e - M
			·
			(X)

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
	Latte
	Signature of a member or authorized representative of a member
	DAVID GARCIA, SR.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00