

L17000 175846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

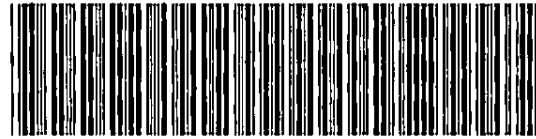
(Business Entity Name)

(Document Number)

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FILED

2019 MAR 21 PM 2:39

C. GOLDEN

MAR 30 2019

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

**FILED**

2019 MAR 21 PM 2:39

El Ponceno Restaurant 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 08/17/2017 and assigned  
Florida document number L17000175846.

This amendment is submitted to amend the following:

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

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)

3225 S John Young Parkway

Kissimmee, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

35 York Court

Kissimmee, FL 34746

**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:

Joan Suarez

New Registered Office Address:

3283 S John Young Parkway Unit G

*Enter Florida street address*

Kissimmee

*City*

Florida 34746

*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> | <u>Name</u>     | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-----------------|----------------------------|--|
| MBR          | Edward Santiago | 35 York Court              | <input type="checkbox"/> Add               |
|              |                 | Kissimmee, FL 34758        | <input checked="" type="checkbox"/> Remove |
|              |                 |                            | <input type="checkbox"/> Change            |
| MGR          | Carmen Sanchez  | 63 South Marbrisa Way      | <input checked="" type="checkbox"/> Add    |
|              |                 | Kissimmee, FL 34743        | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |
| MGR          | Jenny A Torres  | 4113 WELLINGTON WOODS CIR. | <input checked="" type="checkbox"/> Add    |
|              |                 | Kissimmee, FL 34741        | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |
|              |                 |                            | <input type="checkbox"/> Add               |
|              |                 |                            | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |
|              |                 |                            | <input type="checkbox"/> Add               |
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|              |                 |                            | <input type="checkbox"/> Remove            |
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**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.

Dated March 5, 2019

Nestor Santiago

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**Filing Fee: \$25.00**