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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: El Valle Hondu-Mex Restaurant, LLC Name of Limited Liability Company
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:
Adriana J. Aceituno Name of Person
El Valle Hondu-Mex Restaurant, LLC Firm/Company
4992 10th Ave North Greenacres
Greenacres Florida 33463 City/State and Zip Code
E-mail address: (to be used for intitle annual report notification)
For further information concerning this matter, please call:
Angela Antonia Hernandez at (S61) 360-0450  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## TO ARTICLES OF ORGANIZATION OF

<del></del>	(A Florida Limited Liability Company	n) 1981   1981   28	p 2 33
The Articles of Organization for this Limited L	iability Company were filed on _	June 25,19	and assign
The Articles of Organization for this Limited L Florida document number <u>L17000223</u> This amendment is submitted to amend the foll	707	military and the	
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C.
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	POV:		
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered o		on our records, <u>ent</u>	er the name of t
Name of New Registered Agent:	Angela Anto	nia Herna	nder
New Registered Office Address:	1528 63rd Driv	e S Florida street address	<del></del>
	West Palm Bear	<u>ch</u> . Florida	33415 Zip Code
	n da aan Aaraa		

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 Periote ed Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
AMBR_	Angela Antonia Hernandez	1528 63rd Drae S West Palm	z ·u
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e Defear	ive date if other than the date of filings (ontional)
L. EHECU (If an of)	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
	·
f the red	cord specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier $\mathfrak c$
b) The	90th day after the record is filed.
	T 17100
Dated	Jone 25th 7. 2019/
	Signature of a member or authorized representative of a member
	$\Lambda_{I}$ (c $\Lambda_{-1}$ ) = $\Lambda_{I}$
	Adriana jesús Aceituna Rodrique Z Typed or printed name of signee
	1 yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00