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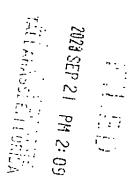
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(B)	isiness Entity Name	,
(50	iomood Emily Marrie	,
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	
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US 10/31/20

COVER LETTER

	Registration Se Division of Cor		. ,	
un ira		SLAND GRILLE LLC	•	
UBJEC	: I: _ _	Name of Lim	ited Liability Company	
he encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease re	turn all correspo	ondence concerning this matter	to the following:	
		JULIA VASQUEZ		1024 SEP 21 PH 2: 10
			Name of Person	77 SEP
		CHOFAN ISLAND GRIL	LE LLC	27
			Firm/Company	
		3309 BUFFALO TRL		2: 16
		· · · ·	Address	
		DELAND FL 32724		
			City/State and Zip Code	
		RALIARA2001@YAHOO		
			to be used for future annual report not	ification)
or furth	er information c	oncerning this matter, please ca	all:	
ULIA V	/ASQUEZ		407 461-0331	
••	Name o	f Person		ne Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25 .	00 Filing Fec	☐ \$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 Addres		Street Address: Registration Se	ection
	Registration 5 Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Γallahassee
	Tallahassee, i	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOFAN ISLAND GRILLE LLC

no introduction of organization for this amount of	iability Company were filed on $\frac{11/28}{2}$	and assigned
lorida document number L17000243361	·	
his amendment is submitted to amend the following	owing:	
. If amending name, enter the new name o	of the limited liability company here	
ECHONERA EL BARRIO RESTAURANT LLO	C	
ne new name must be distinguishable and contain the v	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable: N/A	SEP 1
Principal office address MUST BE A STREE	ET ADDRESS)	me To
		<u> </u>
		2:1
nter new mailing address, if applicable:	<u>N/A</u>	(5.4) (C)
Mailing address MAY BE A POST OFFICE	BOX)	
	ss here:	
<u>Name of New Registered Agent:</u>	N/A	
Name of New Registered Agent:		
		street address
Name of New Registered Agent:	N/A	
Name of New Registered Agent:	N/A	street address, Florida Zip Code
Name of New Registered Agent: New Registered Office Address:	N/A Enter Florida City	, Florida
	N/A Enter Florida City Registered Agent: ed agent and agree to act in this cap per and complete performance of my istered agent as provided for in Char registered office address, I hereby o	, Florida Zip Code acity. I further agree to comply with a duties, and I am familiar with and pter 605, F.S. Or, if this document is

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Au	thorized	Membe

<u>tle</u>	<u>Name</u>	Address	Type of Action
A	N/A	N/A	□Add
			□ Remove
			□Change
			2000 DAdd
			C Remove
			(S) Change
			Add □Add
			Петоve
			□ Change
			□ Add
			□Remove
			Change
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			□ Remove

N/A	
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tive date, if other than the date of filing: $\underline{\hspace{1cm}}^{\mathrm{N/A}}$	(optional)
fective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applic	r to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective tilled.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after
ned.	
SEPTEMBER, 14 2020	
$-P_1$	
Juli Vist	
Signature of a member or anti-	orized representative of a member