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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

DIVISI	ion of Cor	porations		
SUBJECT:	El Toro Lo	co LLC		
SUBJECT: _	<u> </u>	Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Joaquin I. Martinez		
		·	Name of Person Firm/Company CT Address 3174 City/State and Zip Code (Dymail.com) mail address: (to be used for future annual report notification) atter, please call: at (\frac{305}{\text{Area Code}}) \frac{979-6487}{\text{Daytime Telephone Number}} ant: ag Fee & \$\square\$ \$555.00 Filing Fee & \$\square\$ \$60.00 Filing Fee.	
			Firm/Company	
		320 SW 98th CT		
		Miami, FL 33174	Address	
		Wildini, FL 55174		
		eltorolocomk@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further info	ormation co	oncerning this matter, please ca	all:	
Joaquin I. Mar	rtinez			
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

El Toro Loco LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 02/05/2018	and assi	gned
Florida document number L18000032249			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable:			<u>o</u>
Principal office address MUST BE A STREET ADDRESS		<u>~</u>	SI 3S
		JUG	<u> </u>
		28	
Enter new mailing address, if applicable:		A	- 물유도
Mailing address MAY BE A POST OFFICE BOX)		ö)
		59	$\overline{Q}^{\overline{m}}$
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	re:	er the name o	f the no
	Enter Florida street address		
	, Florida _	Zin Code	
	LAIN	7.177 3 (1674)	

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>	Address	Type of Action
AMBR	Yanna Blanco	9135 SW 6th ST Miami. FL 33174	= Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
		-	Change
			Add
			Remove
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			□ Add
			□ Remove
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			□ Remove
			☐ Change

ffective date, if other than the date of filing: 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 605.025 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occurrent's effective date on the Department of State's records. The 90th day after the record is filed. August, 20 2018 Signature of a member or authorize representative of a member				<u>. </u>		
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Filing Fee: \$25.00