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DIVISION OF CORPORATIONS

N COOPER MAY 2 5 2018

COVER LETTER

TO: Registration S Division of Co			
	DE LOS RASPADOS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANABEL RENDON BEL	TRAN	
		Name of Person	
		Firm/Company	
	126 ELLA MAE DR		
		Address	·
	DAVENPORT FL 33837		
	ANABELA9767@GMAIL	City/State and Zip Code .COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
ANABEL RENDON BELTRAN		863 844-3097 at ()	
Name	of Person	Area Code Daytime	e 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)

TO:

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

EL REY DE LOS RASPADOS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number L18000057383	vere filed on March 05, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		SION OF CO
(Mailing address MAY BE A POST OFFICE BOX)		Reserve
		75 RAI
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B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the ne
registered agent and/or the new registered ornee address nere	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	Cav	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>	Type of Action
MGRM	ANABEL RENDON BELTRAN	126 ELLA MAE DR	■ Add
		DAVENPORT, FL 33897	□ Remove
			Change
AMBR	YUNUEN DELGADO RENDON	126 ELLA MAE DR	
		DAVENPORT, FL 33897	Remove
			Change
			□ Remove
			□ Change
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iote: If th	edate is listed, the date e date inserted in this effective date on the	s block does not n	neet the applic	able statutory fil	more than 90 days afing requirements, the	ter tiling.) Pursuant to this date will not be l	505.020 isted a
	specifies a dela th day after the r			t an effective	time, at 12:01	. a.m. on the ea	rlier (
MA ated	Y 21.		2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00