L18000 061 612

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
,	,	
(6)	(OL) (F)	40
(City	/State/Zip/Phone	€#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	 пе)
/Dos	ument Number)	
(500	ument (vomber)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
apcolar motraduono to r	aning officer.	
_		

Office Use Only



100332486581

07/30/19--01021--009 **25.00

2019 JUL 30 AM II: 51 Stallahasser Bie

C KIUZGA VIQ () 2 JOIG

COVER LETTER

RINCONC SUBJECT:	TTO LATINO'S RESTAURA	NT LLC	
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEPHANIE MARTINEZ		
		Name of Person	<u> </u>
	ATPLUS CORP		
		Firm/Company	
	8180 NW 36 ST SUITE 40	06	
		Address	
	DORAL FL 33166		
	ATPLUS@LIVE.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
STEPHANIE MARTIN	EZ	305 408-3800 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

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**

RINCONCITO LATINO'S RESTAU	RANT LC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 03/08/2018 and assigned
Florida document number L18000061612	
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	ne limited liability company here:
RINCONCITO RESTAURANT & CAFE III LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	SEC JUL A
	NSSE AH
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ne
Name of New Registered Agent:	-
New Registered Office Address:	Enter Florida street address
	ma.
	, Florida

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 th 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

Zip Code

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
			Add
			□ Remove
			□ Change
,			Add
•	,	□ Rem	□ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
	-		Add
	•		☐ Remove
			Change
			□ Remove
			☐ Change

,					
·-··					
					
•			_		
					,
		<u> </u>	· = =		
					
		·			 _
		<u> </u>			
,					
		 			
Note: If the date ins	ther than the date of ted, the date must be spec- erted in this block doc date on the Department	es not meet the applic	cable statutory filing	(optional presents of the contract of the cont	I) ng.) Pursuant to 605.02 te will not be listed
e record specifi The 90th day a	es a delayed effec fter the record is	tive date, but no filed.	ot an effective t	ime, at 12:01 a.m	a, on the earlier
JULY 24		2019			
yaneu	Blore	1000000			
· <u>-</u>	Signath	re of a member or auth	orized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00