

**L180001600503066**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES  
 Account Number : 120130000076  
 Phone : (305)388-7028  
 Fax Number : (305)479-2705

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CLUB PALOMINO ENTERTAINMENT & BAR RESTAURANT LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS  
 MAY 25 2018



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>	<u>Type of Action</u>
AMBR	CARLOS TARDU	7951 RIVIERA BLVD SUITE 210	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAFAEL E. SUAZO	7951 RIVIERA BLVD SUITE 210	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO MENDOZA	7951 RIVIERA BLVD SUITE 210	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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 605.0207 (3)(b)

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(b) The 90th day after the record is filed. \_\_\_\_\_

Dated MAY 24TH 2018

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

SUA 20, TIM OBU USA Accounting 4US

Typed or printed name of signee