

218000113915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

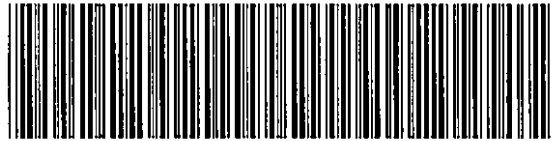
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. REG.
STATE OF CALIF.

N COOPER

JUL 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABORES GRILL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEBASTIAN PAERES

Name of Person

SABORES GRILL LLC

Firm/Company

5320 CAMELLA DR

Address

ORLANDO, FL 32829

City/State and Zip Code

SEBASTIANPAER@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIAN PAERES

407 965-9128

at (_____) _____

Name of Person

Area Code

Daytime 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)

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**

SABORES GRILL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 5TH, 2018 and assigned
Florida document number L18000113915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Type of Action</u>
MGR	<i>Olimpo Luis Alirio Guasca Castro</i>	12813 LOWER RIVER BLVD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

SECRETARY OF DEFENSE
DIVISION OF POLICE

(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)

Dated July 5th, 2018

Debarton Paeras

Typed or printed name of signee

Florida

DRIVER LICENSE



G222-652-58-404-1

CLASS E



**IGUASCA CASTRO
JOLIMPO LUIS ALIRIO
12813 LOWER RIVER BLVD
ORLANDO, FL 32828**

DOB 11/04/1958 SEX M SAFE DRIVER

EXP 11/04/2025 HEIGHT 5'-07"

REST A END NONE

ISS 11/06/2017

SOC GB41711860153



**Operation of a motor vehicle constitutes
consent to any sobriety test required by law**

Detail by Entity Name

Florida Limited Liability Company
SABORES GRILL, LLC

Filing Information

Document Number	L18000113915
FEI/EIN Number	NONE
Date Filed	05/07/2018
Effective Date	05/03/2018
State	FL
Status	ACTIVE

Principal Address

5320 CARAMELLA DR
ORLANDO, FL 32829

Mailing Address

5320 CARAMELLA DR
SEBASTIANPAER@HOTMAIL.COM
ORLANDO, FL 32829

Registered Agent Name & Address

PAERES, SEBASTIAN
5320 CARAMELLA DR
ORLANDO, FL 32829

Authorized Person(s) Detail

Name & Address

Title MGR

PAERES, SEBASTIAN
5320 CARAMELA DR
ORLANDO, FL 32829

Annual Reports

No Annual Reports Filed

Document Images

05-07-2018 - Florida Limited Liability [View image in PDF format](#)

TAX ZONE INC.
8865 COMMODITY CIR STE 4
ORLANDO, FL 32819
(407) 888-3131

1984
63.992631

DATE 7-5-17

NO CHECK ALLOWED

PAY TO THE ORDER OF

FL Dept of State

\$25.00

DOLLARS

MP

FIFTH THIRD BANK



FOR \$18000113915

Deborah Brill LLC

⑈001984⑈ ⑈063109935⑈ 7442340050⑈

John St