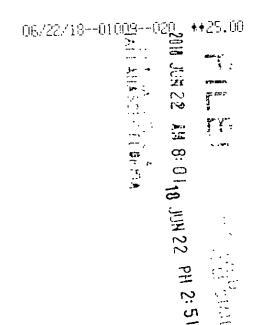
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J. HARRIS

COVER LETTER

TO:						
			NCHES LLC			
SUBJECT: Name of Limited Liability Company						
		Salvador Gutierrez				
			Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: Ivador Gutierrez Name of Person XECUTIVE MANAGEMENT & CONSULTANTS INTERNATIONAL, LLC Firm/Company 7 NW 51st Street Suite 116 Address Dea Raton, FL 33431 City/State and Zip Code B-mail address: (to be used for future annual report notification) ting this matter, please call: 361 562-5179 at (
	CASA TEQUILA OF SOUTHWEST RANCHES LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Salvador Gutierrez Name of Person EXECUTIVE MANAGEMENT & CONSULTANTS INTERNATIONAL, LLC Firm/Company 777 NW 51st Street Suite 116 Address Boca Raton, FL 33431 City/State and Zip Code john@emcillc.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: In Holder Solution Name of Person Area Code Daytime Telephone Number Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is exclosed) Certificate Copy					
		CASA TEQUILA OF SOUTHWEST RANCHES LLC Name of Limited Liability Company				
	Name of Person EXECUTIVE MANAGEMENT & CONSULTANTS INTERNATIONAL, LLC Firm/Company 777 NW 51st Street Suite 116 Address Boca Raton, FL 33431 City/State and Zip Code john@emcillc.com E-mail address: (to be used for future annual report notification)					
			Address			
Boca Raton, FL john@emcillc.com	Boca Raton, FL 33431					
		john@emcillc.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information o	oncerning this matter, please ca	all:			
John H			at (
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclose	ed is a check for th	ne following amount:				
₿ \$2:	5.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO:

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

CASA TEQUILA OF SOUTHWEST RANCHES I	LLC		
(Name of the Limited Limbility Con (A Florida Limit	npany as it now appears on our red Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited in	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LI.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20	
			120 1 July
		;	— ; •••••,
Enter new mailing address, if applicable:		₩ 1	
(Mailing address MAY BE A POST OFFICE BOX)		>	
(Manual and Ess MAT BETT OUT OF FICE BOX)		a co	— <u>`</u>
			_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		exords, enter the name of the	<u>new</u>
Name of New Registered Agent:			
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>	Name	<u>Address</u>	Type of Action
AMBR	Salvador Gutierrez	777 NW 51st Street Suite 116	
		Boca Raton, FL 33431	□ Remove
	·	 	Change
			
			□ Remove
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rtive date, if other than the date of filing:(options	al)
frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing of the date inserted in this block does not meet the applicable statutory filing requirements, this date	
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	n. on the earlier of:
o sour day arter the record is med.	<u>~</u> ~
d	2013
	# 28V
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Signature of a member or authorized representative of a member	7. Pa

Page 3 of 3