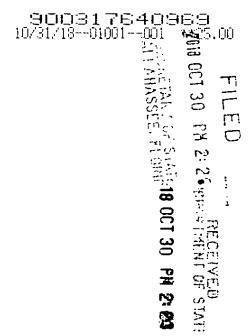
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| (Req | uestor's Name) | |
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| Certified Copies | Certificates of | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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OCT 3.0 (5)? S. PRATHER



October 24, 2018

SALVADOR GUTIERREZ EXECUTIVE MANAGEMENT & CONSULTANTS 777 NW 51ST ST., #116 BOCA RATON, FL 33431

SUBJECT: CASA TEQUILA OF SOUTHWEST RANCHES LLC

Ref. Number: L18000146121

We have received your document for CASA TEQUILA OF SOUTHWEST RANCHES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 518A00021903

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

| | egistration Sec ivision of Corp | | | | |
|-------------------|------------------------------------|---|---|---|---------------------|
| aug in <i>a</i> a | | QUILA OF SOUTHWEST RA | NCHES LLC | | 25 |
| SUBJECT | : | Name of Limi | ted Liability Company | | 18007 |
| The enclos | sed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | 2018 007 23 6111:05 |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | | : |
| | | SALVADOR GUTIERREZ | | | 3 |
| | | EXECUTIVE MANAGEMEN | Name of Person NT & CONSULTANTS INTERNATION | NAL LLC | |
| | | 777 NW 51ST ST #116 | Firm/Company | | |
| | | BOCA RATON, FL 33431 | Address | | |
| | | JOHNPHOLDER1@GMAIL | City/State and Zip Code COM | | |
| | | E-mail address: (i | to be used for future annual report notific | cation) | |
| For further | r information co | oncerning this matter, please ca | all: | | |
| JOHN HO | OLDER | | 561 562-5179 at () | | |
| | Name o | f Person | | Telephone Number | - |
| Enclosed i | s a check for th | ne following amount: | | | |
| QZ \$25.00 |) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is | tatus & |

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CACA TECHILA OF CONTUNECT DANCHECT LC

| CASA LEQUILA OF SOUTHWEST K | | 27 |
|---|--|-----------------------------------|
| (Name of the Limited Liz | ability Company as it now appears on our rec orida Limited Liability Company) | ords.) |
| (A Fig | orida Limited Liability Company) | |
| | 00/40/0040 | 를 가 되는 |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on 06/13/2018 | and assigned |
| Florida document number L18000146121 | | 22 m |
| riorida document number | | 平、丑口 |
| TOTAL TOTAL CONTRACTOR OF THE | | 7 |
| This amendment is submitted to amend the following | g. | 2: 2: 2: 2: |
| A. If amonding paper ontor the page name of the | limited liability company hora: | |
| A. If amending name, enter the new name of the | innited naturity company nere: | |
| CASA TEQUILA OF JUPITER LLC | | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| 5 | , , , , | |
| Enter new principal offices address, if applicable: | | |
| ZD 1 1 1 CC 11 BALLOT DE A CEDITET AL | ADDICE! | |
| <u>(Principal office address MUST BE A STREET AL</u> | <u> </u> | _ |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | | |
| | | |
| | | |
| B. If amending the registered agent and/or re | | ords, enter the name of the nev |
| registered agent and/or the new registered office | address here: | |
| | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| | | Florida |
| | City | , Florida |
| | City | hip 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 | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| Effective | e date, if other than the date of filing: (option is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after | onal) |
| Note: If | the date inserted in this block does not meet the applicable statutory filing requirements, this | tiling.) Pursuant to 605.020 s date will not be listed a |
| documen | it's effective date on the Department of State's records. | |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed. | a.m. on the earlier o |
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| Б. | · · · · · · · · · · · · · · · · · · · | |
| Dated _ | (\ , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ~ |
| Dated _ | Schoffsher | OCT TOO |
| Dated _ | Signature of a member or authorized representative of a member | OCT 30 PH |

Page 3 of 3

Filing Fee: \$25.00