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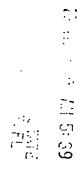
((Requestor's Name)
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PICK-UP	WAIT MAIL
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(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
	ARCITO, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Picase return all corresp	oondence concerning this matter	to the following:	
		ERIKA N CRUZ	فيسه
		Name of Person	
		F' (6)	
		Firm/Company 2495 10TH AVE N	
		Address	MI 5: 39
		LAKE WORTH, FL 33461	· हो ७
	ELPULGARCITOLLC@G	City/State and Zip Code MAIL COM	
	~	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
ERIKA N CRUZ		415 802-8873 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	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL PULGARCITO, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>07/09/2018</u>		and assigned
Florida document number 1.18000165520			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
EL PULGARCITO RESTAURANT AND BAR, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbre	riation "L.L.C."
Enter new principal offices address, if applicable:	7604 MARTIN AVE	-	
Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33405		
			(5
			<u> </u>
Enter new mailing address, if applicable:	2495 10TH AVE N	ι'΄ι -73Σ.	<i>ပ္</i> ာ ·
Mailing address MAY BE A POST OFFICE BOX)	LAKE WORTH, FL 33461	F 2 ;	<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name o	f the new regist
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	r r r		
	Enter Florida street address		
	, Floric		Zip Code
	City		лір Сойе

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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effective date is listed, the date must be specific an : If the date inserted in this block does not ment's effective date on the Department of	nd cannot be prior meet the applica	to date of filing o		lays after filing.) F	
ctive date, if other than the date of filin	ng.	-		_ (optional)	
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