

L18000186049

Division of Corporations

7/27/2021

**Florida Department of State
Division of Corporations
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Account Name : TIMELINE BUSINESS CENTER LLC
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Email Address: angelsmoopy1982@hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA ISLA DEL SABOR RESTAURANT LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA ISLA DEL SABOR RESTAURANT 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 08/03/2018 and assigned
Florida document number L18000186049.

This amendment is submitted to amend the following:

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

EL SABOR DE PUEBLA RESTAURANT LLC

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

16200 SAN CARLO BLVD 140

FORT MYERS, FL 33919

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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S.C. HILL
CLERK

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	MISAEAL ZAMUDIO CUEVAS	888 ENTRADA DR	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACQUELINE HUERTA MUNIZ	888 ENTRADA DR	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Roberto E Olivier Balderas	15041 WOODRICH BEND CT# 376	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated 7/27/2, 2021

Typed or printed name of signee

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