

L18000290382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

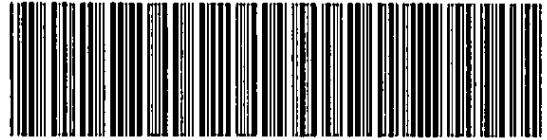
(Document Number)

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21 APR 26 AM 9:58

SECTION OF REGISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILES MEXICAN GRILL RESTAURANT 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:

Maria Esther Bargas
Name of Person

Chiles Mexican Grill Restaurant
Firm/Company

4075 Pine Ridge Rd Suite 3
Address

Naples, FL 34119.
City/State and Zip Code

chilesmexgrill@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA RUBIO at (239) 216-7501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Chiles Mexican Grill Restaurant 21 APR 20 AM 9:58

(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 _____ and assigned Florida document number L18000290332.

This amendment is submitted to amend the following:

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

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)

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

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

21 APR 26 AM 9:58

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|----------------------|--|
| MBR | CLAUDIA RUBIO | 2459 66th Ave Ne | <input type="checkbox"/> Add |
| | | Naples, FL 34120 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | JUAN FLORES | 3745 Fieldstone blvd | <input type="checkbox"/> Add |
| | | Apt 1104 | <input checked="" type="checkbox"/> Remove |
| | | Naples, FL 34109 | <input type="checkbox"/> Change |
| MBR | MARIA ESTHER BARAJAS | 4052 Bayshore Dr | <input checked="" type="checkbox"/> Add |
| | | Apt 525 | <input type="checkbox"/> Remove |
| | | Naples FL 34112 | <input type="checkbox"/> Change |
| MBR | Alejandro Barajas | 4052 Bayshore Dr | <input type="checkbox"/> Add |
| | | Apt 525 | <input type="checkbox"/> Remove |
| | | Naples, FL 34112. | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

21 APR 26 AM 9:58

E. Effective date, if other than the date of filing: 05/01/2021 (optional)

(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)

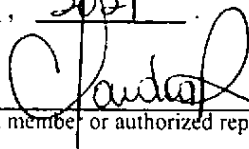
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

April 19

2021



Signature of a member or authorized representative of a member

CLAUDIA RUBIO

Typed or printed name of signee

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

May 01 2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 19, 2021.

signature of a member or author: Juan Flores

FILED **IN** **BOOK** **100** **PAGE** **100**