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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corpo | |
|--|--|
| SUBJECT: | El Patron of Pensacola LLC |
| | Name of Limited Liability Company |
| | |
| The enclosed Articles of Ar | mendment and fee(s) are submitted for filing. |
| Please return all correspond | ence concerning this matter to the following: |
| | ^ |
| | <u>Cesar Campos Reyes</u> |
| | Name of Person |
| | El Patron of Pensacola LLC |
| | Firm/Company |
| | 2747 Guff Breeze Porkway |
| | Address |
| | Guff Breeze Floricla 32563 City/State and Zip Code |
| | Chyrotaic and Esp Code |
| | E-mail address: (to be used for future annual report notification) |
| For further information con | cerning this matter, please call: |
| | 1 |
| Ms. Sherry | at (334) 745 - 4362 etson Area Code Daytime Telephone Number |
| Name of P | erson Area Code Daytime Telephone Number |
| Enclosed is a check for the | following amount: |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| El Porton of Penson | Ma LIC | |
|---|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record lability Company) | b ,) |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $7-31-19$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | 20 H |
| The new name must be distinguishable and contain the words "Limited Liabil | lity 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) | | <u>΄΄</u> ω |
| | | |
| | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Enter new mailing address, if applicable: | · | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our record g: | s, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | ss |
| | | orida |
| | 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 | Address | Type of Action |
|--------------|-------------|--------------------|---|
| MGR | Jose Campos | 2747 Guf Breeze Pr | NY DAdd |
| | | 6747 Guf Breeze A. | Remove |
| | | 32543 | Change |
| | | | Add |
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| Effective date, if other than the date of filing: (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: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | line) Promont to 605 | .0207 (3) ×d as the |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.i The 90th day after the record is filed. | m. on the earlie | er of: |
| Dated Novemoet 12, 2019. | | |
| Signature of a member or authorized representative of a member | | |
| Signature of a member or authorized representative of a member | | |

Page 3 of 3

Filing Fee: \$25.00