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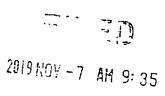
то:	Registration Sec Division of Corp			
STID ICA		R OF PENSACOLA, LLC		
SOBJEC	7r:		ed Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please ro	turn all correspon	dence concerning this matter to	the following:	
		CESAR CAMPOS REYES		
			Name of Person	
		EL PATRON OF PENSAC	OLA, LLC	
			Firm/Company	
		2609 PEPPERELL PKY		
			Address	
		OPELIKA, AL 36801		
			City/State and Zip Code	
		dubosebk@charter.net	be used for future annual report notified	otion)
r>				atton)
For furth	ier information co	ncerning this matter, please cal		
CHERYL STARKEY, BKKPR			334 745-3795 at () Area Code Daytime T	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclose	d is a check for the	e following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filling Fee & Certificate of Status	■ \$55.00 Filing Fee & 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.	PATRON	OF	PENSA	COLA,	LLC
-----	--------	----	-------	-------	-----

(Name of the Limited Liability Company as it now appears on our records.)

(A : tolica timinea :	aomicy Company	,	
The Articles of Organization for this Limited Liability Company v Florida document number 1.19000195575	vere filed on _	ULY 31, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or the	ne 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 off registered agent and/or the new registered office address here Name of New Registered Agent:		on our records, <u>en</u>	ter the name of the no
New Registered Office Address:	Enter F	lorida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agre	e to act in thi	s capacity. I further	agree to comply with
provisions of all statutes relative to the proper and complete	performance :	of my duties, and La	ım familiar with and
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	rovided for it address, 1 her	i Unapter 605, F.S. weby confirm that the	Or, ij inis aocument is: 2 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
MGR	JOSE CAMPOS	2747 GULF BREEZE PKY	
		GULF BREEZE, FL 32563	≅ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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			☐ Remove
			Change

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f an effectiv Note: If th	late, if other than the date of filing:	605.0207 listed as
The 90	specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the each day after the record is filed.	ırlier of
Dated	NOV. 5 . 2019.	
	NOV. 5 . 2019. Compose Reves. Signature of a member or authorized representative of a member.	_

Page 3 of 3

Filing Fee: \$25.00