

K20 000226993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

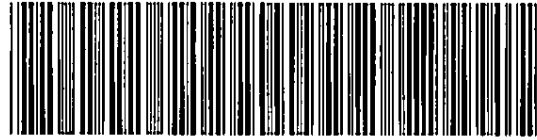
(Business Entity Name)

(Document Number)

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Handwritten signature

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL CHURRASCO LATIN GRILL 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:

MARIANO PEC CHOC

\_\_\_\_\_  
Name of Person

EL CHURRASCO LATIN GRILL LLC

\_\_\_\_\_  
Firm/Company

908 ABBIEGAIL DR

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32303

\_\_\_\_\_  
City/State and Zip Code

PECMARIANO070@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANO PEC CHOC

850 443-6877  
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

☐ \$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 Address:**

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

EL CHURRASCO LATIN GRILL LLC

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>
P	NERY PEC CHOC	908 ABBIEGAIL DR	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIANO PEC CHOC	908 ABBIEGAIL DR	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

N/A

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 AUGUST 30, 2021

Signature of a member or authorized representative of a member

MARIANO PEC CHOC

Typed or printed name of signee

**Filing Fee: \$25.00**