

L20000376513

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOJOTO GRILL LLC

Certificate of Status	0
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Page Count	05
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOJOTO 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:

FRANK A MORENO MARQUEZ

Name of Person

JOJOTO GRILL LLC

Firm/Company

14623 KEELFORD WAY

Address

ORLANDO, FL 32824

City/State and Zip Code

frankmoreno74@hotmail.com

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

For further information concerning this matter, please call:

FRANK A MORENO MARQUEZ

Name of Person

at 321
Area Code

695-2481

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

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

JOJOTO GRILL LLC

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

FILED
2021 MAR -9 PM 5:29
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/01/2020 and assigned
Florida document number L20000376513.

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

City

, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FRANK A MORENO MARQUEZ	14623 KEELFROD WAY	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARLOS A LOPEZ ORTIZ	905 ALSACE DR	<input type="checkbox"/> Add
		POINCIANA, FL 34759	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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

FILED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/15/03 BY SP-5/BJD

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

FILED
MAR - 6 PM 5:29
MAR 1 1966
FBI - NEW YORK

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), this date will not be listed as the effective date if the date of filing is the same as the date of effectiveness.

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 03/08/21

Signature of a member or authorized representative of a member

Frank MORENO

Typed or printed name of signee

Filing Fee: \$25.00