

h21 0000 89545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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21 JUN -4 PM 4:02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2021

JAIME V. VILCHES  
2405 CATHERINE STREET  
KISSIMMEE, FL 34741

SUBJECT: SABOR LATINO GRILL, LLC  
Ref. Number: L21000089545

We have received your document for SABOR LATINO GRILL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 221A00011084

COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: Sabor Latino Grill, LLC.  
Name of Limited Liability Company

2021 JUN -4 AM 11:29

STATE OF FLORIDA  
TALLAHASSEE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaime V. Vilches  
Name of Person

Sabor Latino Grill, LLC.  
Firm/Company

2405 Catherine Street  
Address

Kissimmee, Florida, 34741  
City/State and Zip Code

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

For further information concerning this

Jaime Vilches  
Name of Person

\$35. filing fee  
already collected.

873-8277  
Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☒ \$30.00 Filing Fee & Certificate of Status    ☐ \$25.00 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

21 JUN -4 PM 4:02

Sabor Latino Grill, LLC.

(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 02/23/2021 and assigned  
Florida document number L21000089545.

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:

Jaime Vicente Vilches

New Registered Office Address:

2405 Catherine St

Enter Florida street address

Kissimmee


City

Florida 34741

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 JUN -4 PM 4:02

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jaime Vilches	2405 Catherine St.	<input checked="" type="checkbox"/> Add
		Hessimmer, Fl 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Relly S Vilches	2405 Catherine St	<input type="checkbox"/> Add
		Hessimmer, Fl 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 JUN -4 PM 4:02

**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 06/02/2021

Signature of a member or authorized representative

Jaime V. Vilches

Typed or printed name of signee