

L97000000 787

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

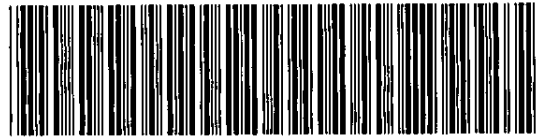
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -5 AM 8:31

JUL 8 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE WHOLE ENCHILADA, L.C.
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:

DAVID L. BOULLIER
Name of Person

CAMPECHANGA, INC.
Firm/Company

127 1ST AVE N.
Address

JACKSONVILLE BEACH, FL. 32250
City/State and Zip Code

CAMPECHEBAY @ COMCAST. NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BOULLIER at (904) 249-3322
Name of Person Area Code & Daytime Telephone Number
C-904-651-0921

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JUL -5 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 25, 2013

DAVID L BOULIER
VAMPECHANGA INC
127 1ST AVE N
JACKSONVILLE BEACH, FL 32250

SUBJECT: THE WHOLE ENCHILADA, L.C.
Ref. Number: L97000000787

We have received your document for THE WHOLE ENCHILADA, L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00015941

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

THE WHOLE ENCHILADA, L.C.

(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 07/18/1997 and assigned
Florida document number L 97000000787

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIVE ENCHILADAS, LLC

The new name must be distinguishable and end with 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:

WILLIAM E. DOYLE

New Registered Office Address:

2121 CORPORATE SQUARE BLVD, SUITE 124

Enter Florida street address

JACKSONVILLE

Florida

FL 32216

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 608, 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.

William E Doyle
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 06/20/, 2013.

David L. Boulier

Signature of a member or authorized representative of a member

DAVID L. BOULIER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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