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(Requestor's Name)				
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## **COVER LETTER**

TO: Registration So Division of Co		No.		
ORGANIC	CAPELICA LLC			
SURJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
·	VERONICA MUNOZ-XU			
		Name of Person	<u></u>	-
	ORGANICAFETICA LLO	ODBA COFFEETICA		
	7950 NE BAYSHORE CI	Firm/Company SUITE 304		10000000000000000000000000000000000000
	<u></u>	Address		
	MIAMI, FL33138			
	coffeetica@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	fication)	هُ ﴿
For further information of	concerning this matter, please c	all:		•
VERONICA MUNOZ-	XUCONOXTLI	404 200-1135		
Name	of Person	at ()Area Code Daytime	e Telephone Number	r
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.(N) Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

ORGANICA FEITICA LLC		
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number 1.12000040641	oility Company were filed on	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "Li	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	re.us
	•	Florida
	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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGR	Jose Domingo Xuconoxtli Jr		<b>5</b> 4 11
		7950 NE Bayshore Ct Suite 304	
		Miami, FL 33138	■ Remove
			☐ Change
MGR	XUCO XUCONOXTLI	7950 NE Bayshore Ct Suite 304 Miami, FL 33138	■ Add
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ffective date, if other than the of an effective date is listed, the date must	date of filing:	. b data	Siling or more than	optior (optior	ual)	nt to 605 02
interestive date is used, the date must be determined in this blo ocument's effective date on the De	ck does not meet th	ie applicable stat	utory filing requir	ements, this c	late will not	be listed a
e record specifies a delayed The 90th day after the reco		but not an ef	fective time, a	t 12:01 a.	m. on the	earlier
January 3	20:	19 				
-						

Page 3 of 3

Filing Fee: \$25.00

<u></u>		FINAL JUDGMENT OF CHANGE OF NAME (ADULT)
Petition	er.	Section: 33
Jose Domingo	o Xuconoxtli,	5/15E 115. 2516 920218 1 6 6 7
OF:		CASE NO. 2018-023273-FC-04
IN RE: CHANGE OF NAME		FAMILY DIVISION
		FOR MIAMI-DADE COUNTY, FLORID

THIS CAUSE was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

ADJUDGED that said Petition hereby is granted, and <u>Jose Domingo Xuconoxtli, Jr.</u> hereafter shall be known by the name of <u>XUCO XUCONOXTLI</u> and it is further

ADJUDGED that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Rehabilitative Services of the State of Florida.

**DONE and ORDERED** in Chambers at Miami-Dade County, Florida, on this the 19th day of November, 2018

SAMANTHA RUIZ COHEN CIRCUIT COURT JUDGE

IN THE CIRCUIT COURT OF THE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE I HEREBY CERTIFY that the foregoing is a true and correct organ of the original on fibe in this official OV 1 9 2 3 AD 20

HARVEY RUVIN, Clark of encuit and county courts

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