

L14000090090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

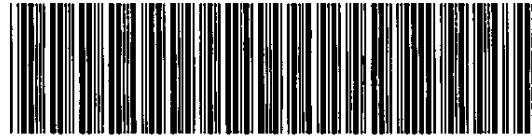
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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APR 11 2014

J. BRUCE

NO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2014

EDINELSON U. SANTOS
514 NE 109 ST
MIAMI, FL 33161

SUBJECT: JULIA'S CATERING & RESTAURANT, LLC
Ref. Number: L14000020090

We have received your document for JULIA'S CATERING & RESTAURANT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 114A00004507

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **JULIA'S CATERING & RESTAURANT, 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:

EDINELSON U. SANTOS

Name of Person

Firm/Company

514 NE 109 ST

Address

MIAMI, FL 33161

City/State and Zip Code

EDDIEUZZS@AOL.COM

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

For further information concerning this matter, please call:

EDINELSON SANTOS

Name of Person

at **305** **812-3844**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

JULIA'S CATERING & RESTAURANT, 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 02/05/2014 and assigned Florida document number L14000020090.

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 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)

2150 W 10 CT.
Hialeah, FL 33010

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:

EDINELSUN UZEDA SANTOS

New Registered Office Address:

514 NE 109 ST

Enter Florida street address

MIAMI

City

Florida

33161

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MB	EDINELSON UZEDA SANTOS	514 ne 109 St, Miami FL 33161	<input type="checkbox"/> Add

MGR Sergio Paredes same as above ☐ Add

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Remove
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

I JUST NEEDED MY LAST NAME CORRECTED TO SHOW: EDINELSON UZEDA SANTOS

OR ONLY EDINELSON SANTOS. RIGHT NOW IT SHOWS ONLY UZEDA.

Also please change principal address; &
add a manager.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 7, 2014 2014. ES


Signature of a member or authorized representative of a member

EDINELSON UZEDA SANTOS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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