

L15000086203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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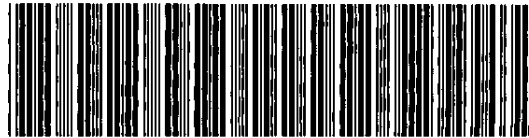
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 19 2017
J. HARRIS

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

CAFE DELIGHTS WESTON 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 05/15/2015 and assigned Florida document number L15000086203.

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)

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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

_____, 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, 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	M & M COUSINS INC	3300 Corporate Ave Ste 110	<input type="checkbox"/> Add
		Weston Fl. 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURICIO MENESES	3300 Corporate Ave Ste 110	<input type="checkbox"/> Add
		Weston Fl. 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARMANDO GIL	3300 Corporate Ave Ste 110	<input checked="" type="checkbox"/> Add
		Weston Fl. 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE LUIS RUEDA	3300 Corporate Ave Ste 110	<input checked="" type="checkbox"/> Add
		Weston Fl. 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BEATRIZ MORRISON	3300 Corporate Ave Ste 110	<input checked="" type="checkbox"/> Add
		Weston Fl. 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARLOX LLC	3300 Corporate Ave Ste 110	<input type="checkbox"/> Add
		Weston Fl. 33110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change


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[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

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