

L16000004896
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000252933 3)))



H16000252933ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
OCT 12 2016
AM 8:20
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DELICIA FOOD TRUCK LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 OCT 12 PM 4:59

OCT 13 2016
J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000252933

DELICIA FOOD TRUCK 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 01/06/2016 and assigned Florida document number L16000004896

This amendment is submitted to amend the following:

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

AGUILERA CONSULTING LLC

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:

7310 SW 126TH CT

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33183

Enter new mailing address, if applicable:

11046 W FLALGER ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33174

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

City, Florida 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

H16000252933

H1600025200

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>
MGR	COLLURA, ANTONIO J	8670 NW 6TH LN UNIT 4 208	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DA SILVA MEZA, ROBERT J	11046 W FLAGLER ST	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIEIRA, EMMANUEL	7310 SW 126TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AGUILERA, ABRAHAM J	7310 SW 126TH CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 OCT 11 10:08:20

H16000252933

