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TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
RESTAUF SUBJECT:	RACIONES CANAIMA LLC	•		
SOBSECT.	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	CARLOS CONTRERAS			
		Name of Person		
	RESTAURACIONES CA	NAIMA LLC		
		Firm/Company		
	9920 GRACE DR # 6			
		Address		N :
	PORT RICHEY, FL 3466	8		22 SE
	restauracionescanaima@gn	City/State and Zip Code nail.com		SEP 26
	E-mail address: (to be used for future annual report notific	ation)	5 AM 9: 10
For further information c	oncerning this matter, please c	all:		9: <u>1</u> 0
CARLOS CONTRERAS	S	954 643-0290 at ()		ن ت
Name o	f Person	 _ ` <u>_</u>	Celephone Number	
Enclosed is a check for the	ne 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 Stat Certified Copy (additional copy is end	us &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Secti Division of Corpo	orations	
r.O. box 032	I	The Centre of Tal	ianassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTAURACIONES CANAIMA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>07/19/2022</u>	and assigned
Torida document number L22000320785		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited"	Liability Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
		Visio 2 SE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2 22
		9:
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records, <u>enter th</u>	e name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	<u></u> ,	
	Enter Florida street address	
	, Flori	
	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 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>	Address	Type of Action
MGR	ANDRES PAIVA	9920 GRADE DRPORT RICHEY, FL 34668	□Add
			Remove
			□Change
			🗆 Add
			□Remove
			223dd CFE
			### 10 10 10 10 10 10 10 1
			□Add
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			🗆 Add
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			Change

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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be jock does not meet the ap	nrior to date of filing or more plicable statutory filing t	(optional) e than 90 days after filing.) Pt requirements, this date wil	irsuant to 605.02 Il not be listed
cord specifies a delayed effectiv s filed.	re date, but not an effecti	ve time, at 12:01 a.m. on	the earlier of: (b) The 90	0th day after th
ed	2022	·		