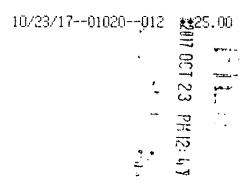


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status





300304773083



oct 2! Min Rich

COVER LETTER

	gistration Sect vision of Corp				
CHO IECT.	Salsa Nights	LLC			
SUBJECT		Name of Limi	ted Liability Company		<u> </u>
The enclosed	d Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	i all correspon	dence concerning this matter t	o the following:		
		Yordanis Gonzalez			
			Name of Person		
		Salsa Nights LLC			
			Firm/Company		
		1401 E 4 Ave Suite 203			
			Address		
		Hialeah Fl 33010			
			City/State and Zip Code		
•		salsacubana 1401@gmail.coi			
		E-mail address: (to	o be used for future annual i	eport notificatio	n)
For further is	nformation cor	neerning this matter, please ca	II:		
	Name of l	Person	at () Area Code	Daytime Tele	phone Number
Enclosed is	a check for the	following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is encl		□ \$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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salsa Nights LLC			
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	<u></u>)	
The Articles of Organization for this Limited Liability Company were filed on 10/10/2017 [10/10/2017] Torida document number L17000209644			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
he new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	00	
		· N :> · ·	
nter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		. 	
. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records <u>ess here</u> :	. enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Flo	rida	
	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>	Address	Type of Action
MGR	Dayni Crespo	60 W 11 ST	
		HIALEAH FL 33010	
			■ Remove
			☐ Change
		·	Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Rcmove
			Change
			
			Remove :-
			Change
			□ Add .
			□ Change

				_
			-	-
				_
				-
<u> </u>				-
				_
				_
				-
		 -		-
				-
				_
				-
				-
			<u>-</u> _	_
				_
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than some. If the date inserted in this block does not meet the applicable statutory filing require bounders's effective date on the Department of State's records.		.) Pursi		
record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	t 12:01 a.m.	on tl	he earli	ier
- <i>i</i>		<u>;</u> `	2017 OCT	
1ed Ot 12, 2017			<u></u>	•
ned Od 12, 2017		;	Ç	
Signature of a member or authorized representative of a men	nber	; ; ;	<u>- 15</u> - 13	, C. 3.
Signature of a member or authorized representative of a member of a member of authorized representative of a member of	nber	; ;	07 23 P	

Page 3 of 3

Filing Fee: \$25.00