## 118000194098

(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:				
NC				

Office Use Only



200318223392

09/10/18--01030--032 \*\*S0.00

TILED

18 SEP 10 PH 5: 58

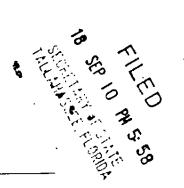
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

S. ORAITE

## **COVER LETTER**

O: Registration Sec Division of Corp			
	action Del Day	CON LECTION	,
SUBJECT: <u>∠A (≥</u>	9UNA DE / PAN Name of Limit	ted Liability Company	
the enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ndence concerning this matter t		
rease (cear an array)	<i>c</i>	-	
	TAVET	MINCEY	
	7.1.10	Name of Person	
		Firm Company	<u></u>
	n - n - n - 1 - 1 - 1 - 1 - 1	7 5- 0	
	2795 W	Address	<del></del>
		-1 -2016	
	HIA/EAD 1	Address  Address  78 57  Address  City/State and Zip Code	
	li-mail address (	BE//SOUTH . NET to be used for future annual rep	ort notification)
For further information of	concerning this matter, please co	all:	
F1 11		3 0,000	2.11 116
TEAX H. HER.	UANDEZ Of Person	$\frac{\text{at}(\underline{3P})}{\text{Area Code}}$	Daytime Telephone Number
Enclosed is a check for t	ha fallan ing gmount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
C \$25.00 Fitting FCC	Certificate of Status	Certified Copy (additional copy is enclos	Certificate of Status &
		(Sociational copy is enclos	(additional copy is enclosed)
X1 . 41	INC ADDRESS.	STREET/O	COURIER ADDRESS:
MAILING ADDRESS: Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	assee, FL 32314	2661 Execu Tallahassee	ntive Center Circle : FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LA ES QUINA DE PAN CI (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company will Florida document number <u>L 18 0 0 0 1 9 4 0 9 8</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  A CASA DE Pro CON  The new name must be distinguishable and contain the words "Limited Liability	1 == = 401)
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)	18952 NW. 80Ct. Hickaby #L. 33015
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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. Thereby 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	
			☐ Remove	
			Change	
			□ Add	
			□ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
			☐ Remove	
			☐ Change	
			Add	
			🗀 Remove	
			Add	
			□ Remove	
			☐ Change	

). If amending any other information, enter change(s) here: 4.4ttach additional she	ets, if necessary.)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 605 0207 (3xb) rements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, and the sound of the fective time, and the sound is filed.	at 12:01 a.m. on the earlier of:
Dated	
Signature of a member or authorized representative of a me	ember \$ 75 5
TANET MINCEY Typed to printed name of signee	SEP 10
Page 3 of 3	
Filing Fee: \$25.00	STATE LORIDA