

15000094695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

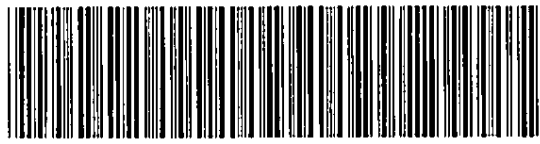
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800324621628

02/27/19--01009--027 **52.50
03/22/19--01011--001 **7.00

10/11/19--01007--001 **0.50

2019 OCT -2 PM 4:43
FILED
AHD

OCT -2 2019
24

T GLASS
OCT 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: La Cieba Restaurant Bar & Grill, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maynor Calidonio

Name of Person

La Cieba Restaurant Bar & Grill, LLC

Firm/Company

815 W Flagler St

Address

Miami, FL 33130

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

2019 OCT -2 PM 4:43
RECEIVED
FILING

For further information concerning this matter, please call:

Maynor Calidonio at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Ivania Castro	12048 Miramar Parkway	<input type="checkbox"/> Add
		Miramar, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maynor Calidonio	815 W Flagler St	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019
 APR 11
 PM 4:43

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2019 OCT -2 PM 4:43

RECEIVED
MAY 1 2019

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 20, 2019

[Handwritten Signature]

Signature of a member or authorized representative of a member

Ivania Castro

Typed or printed name of signee