

LO1000011671



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-11/05/01--01057--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

11/19

25.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. LO1-11671 (Corporation Name) (Document #) **MJH**
2. 00789-00524-00671 (Corporation Name) (Document #)
3. Complete attached form - LLC not Corp. (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19 PM 4:57

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 9, 2001

JULIO KAUFMAN  
5500 COLLINS AVE. APT. 1901  
MIAMI BEACH, FL 33140

SUBJECT: CAMBALACHE RESTAURANTE L.C.  
Ref. Number: L01000011671

We have received your document for CAMBALACHE RESTAURANTE L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent for a Limited Liability Company. The form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 601A00061000

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CAMBALACHE RESTAURANT
2. The mailing address of the limited liability company is: 5500 COLLINS AVE. STE. 1901  
MIAMI BEACH FL. 33140
3. Date of filing/registration in Florida: JULY 1, 2001
4. Document number: LO1000011671

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LOUIS AGRAMUNT  
Name  
1221 BRICKELL AVE. STE. 1100  
Address  
MIAMI FL 33131  
City, State and Zip

6. The name and address of the new registered agent and/or office:

JULIO KAUFMANN  
Name  
5500 COLLINS AVE. STE. 1901  
Florida street address (P.O. Box NOT acceptable)  
MIAMI BEACH FL 33140  
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Julio Kaufmann  
(Signature of a member or authorized representative of a member)

JULIO KAUFMANN  
(Printed or typed name of signer)

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 608, 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.

Julio Kaufmann  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314