

LU 8000013968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

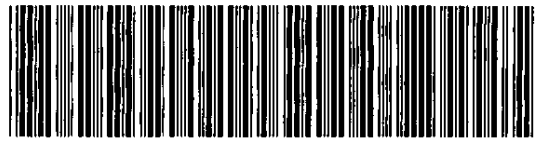
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/09--01005--005 **11.25

05/01/09--01020--011 **43.75

T. CLINE
MAY 26 2009
EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 22 AM 10:04

FILED

WCC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2009

SONYA ADAMS
8526 NW 107 PSGE #8
DORAL, FL 33178

SUBJECT: BUENA CUCHARA LLC
Ref. Number: L08000013968

We have received your document for BUENA CUCHARA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 409A00014903

2009 MAY 22 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUENA CUCHARA, 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:

SONYA ADAMS L.
Name of Person

BUENA CUCHARA, LLC
Firm/Company

8526 NW 107 PSGE #B
Address

DORAL, FL. 33178
City/State and Zip Code

ADAMSONYA70@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

2009 MAY 22 AM 10:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SONYA ADAMS at (305) 316-5124
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BUE NA CUCHARA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L08000013968.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PATRICIA SEVEIRA

New Registered Office Address:

8524 NW 107th Ave #8

Enter Florida street address

DORAL


City

Florida FL 33178

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 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.



If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

[illegible]

MR. WALTER COLMENARES IS NO LONGER A
MEMBER OF BUENA COCHANA LLC.

Sonya Adams L.
Signature of a member or authorized representative of a member

SONYA ADAMS L.
Typed or printed name of signee