

LD8000030121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

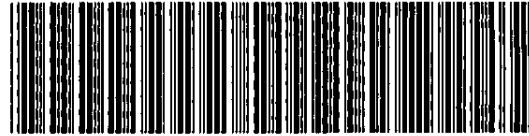
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400211302794

08/30/11--01009--012 **30.00

FILED
11 AUG 30 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 31 2011

EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREPE CUISINE, L.L.C.
(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:

ZE CARLOS JIMENEZ
(Name of Person)

CREPE CUISINE, L.L.C.
(Firm/Company)

5904 SOUTH DIXIE HWY
(Address)

SOUTH MIAMI, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

ZE CARLOS JIMENEZ at (954) 604-2408
(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

FILED
11 AUG 30 AM 11 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CREPE CUISINE, L.L.C. ☐

(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 03/25/2008 ☐ and assigned
Florida document number L08000030121 ☐

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)

5904 SOUTH DIXIE HWY ☐

SOUTH MIAMI, FL 33143 ☐

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: ZE CARLOS JIMENEZ

New Registered Office Address: 5904 SOUTH DIXIE HIGHWAY ☐

(Enter Florida street address)

MIAMI, Florida 33143

(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 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

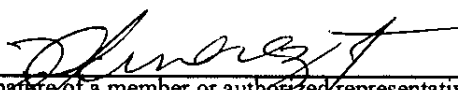
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZE CARLOS JIMENEZ	5904 SOUTH DIXIE HWY SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CLAUDIA VARELA	5904 SOUTH DIXIE HWY SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DIANA M. CALDERON	5904 SOUTH DIXIE HWY SOUTH MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MRRM	CARLOS A. POMBO	5904 SOUTH DIXIE HWY SOUTH MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.



 Signature of a member or authorized representative of a member
 ZE CARLOS JIMENEZ

 Typed or printed name of signee

11 AUG 30 AM 11 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED