## #10800080073

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(Address)				
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K. SALY EXAMINER MAY 4 2011

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations						
CUPIECT	FFFA'S	S CUISINE LLC				
SUBJECT:		nited Liability Company				
	• • • • •					
			,			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	spondence concerning this matte	r to the following:				
		JESUS PEREZ				
		Name of Person				
FEFA'S CUISINE LLC						
	Firm/Company .					
18728 SW 17 COURT						
	Address					
	MIRAMAR, FL 33029					
	4	City/State and Zip Code				
	E-mail address:	yvaldescpa@gmail.com (to be used for future annual report no	otification)			
For further information	n concerning this matter, please	call:				
		of the Administration				
	ESUS PEREZ	at ( '305 )	244-2337			
Nam	e of Person	Area Code & Day	time Telephone Number			
Enclosed is a check for	r 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 & Gertified Copy (additional copy is enclosed)			
Regi Divi: P.O.	Stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 APR 29 PM 3: 14

(Name of the Limited Lia (A Flo	FA'S CUISIENE LLC ability Company as it now appears orida Limited Liability Company)	o. on our records.) Í Á	LONG ART OF STATE LLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liabi Florida document number	, , ,	8/21/2008	and assigned	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here	:		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compan	y," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	)X)			
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter (</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Futo	r Florida atropt add	le aug	
	Enter Florida street address			
·	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Name Type of Action <u>Address</u> MARIA C PEREZ MGR 18728 SW 17 COURT\_ √ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 1 Dated Signature of a member or authorized representative of a member **JESUS PEREZ** 

Typed or printed name of signee

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Filing Fee: \$25.00