## L0900023604

(Re	questor's Name)	·		
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09 MAR 16 PM 3: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
MAR 1,7 2009
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration'Se Division of Co			
	a.cm	Pedro's Cuba	ın Cuisine LLC	_
SUBJ	ECT:		ited Liability Company)	
		Amendment and fee(s) are sub	-	
			Pedro Volta	<del> </del>
			(Name of Person)	
		Pe	edro's Cuban Cuisine LLC	
<u></u>			(Firm/Company)	09 MAR 16 PN 3: 39 SECRETARY OF STATE FALL AHASSEE. FLORID
		1	940 Wells Road	MAR 16 PH 3
			(Address)	SSR 6 F
				Fig. 2 [
			Orange Park, FL 32073	<u>Fo</u> <u>u</u>
· · · · · · · · · · · · · · · · · · ·			(City/State and Zip Code)	3: 39 STATE FLORIDI
For fur	rther information o	concerning this matter, please c	all:	· Þ
Pedro	Volta		at ( 904 ) 541-1369	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
_	•			
Enclos	ed is a check for t	he following amount:		
\$25	5.00 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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pedro's Cuban Cuisine LLC

FILED

OS MAR 16 PM 3: 39

SECRETARY OF STATES

SECRETARY OF STATES

( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	AND S
The Articles of Organization for this Limited Liabili	and assigned	
Florida document number L09000023604		
This amendment is submitted to amend the followin	og:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office	· <del></del>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street d	nddress)
-	, Florida,	(Zip Code)
	(2,,,)	(Lip Cour)

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>Addr</u>	<u>'ess</u>	Type of Action
MGR	Joel Gutierrez		Wells Road ge Park, FL 32073	Add Remove
MMGR_	Pedro Volta		Wells Road ge Park, FL 32073	Add Remove
PRES	Joel Gutierrez		Wells Road ge Park, FL 32073	Add Remove
V/P	Pedro Volta		Wells Road ge Park, FL 32073	Add Remove
				AddRemove
				Add Remove
D. If ame	nding any other informa	ion, enter change(s) here	: (Attach additional sheets, if	necessary.)
- -				09 MAR 16 SECRETARY ( FALLIAHASSEE
Dated	March 12	, 2009 .		PH 3: 39 PF STATE FLORIDA
	Sig	nature of a member or author Pedro Vo Typed or printed	ized representative of a member olta I name of signee	·

Page 2 of 2

Filing Fee: \$25.00