# W09000087388

(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



900160872579

09/28/09--01003--025 \*\*30.00

FILED
2009 SEP 28 AM II: 54
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS
SEP 2 9 2009
EXAMINER

## COVER LETTER

Division of C				
SUBJECT:	SoCa	al Cafe, LLC		
	Name of Lim	ited Liability Company		_
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		Alex Otero		
		Name of Person		
		SoCal Cafe, LLC		
		Firm/Company		—
	911	NW 209 AVE. UNIT #1	115	
		Address		_ ~ ~2
	Pei	mbroke Pines, Fl 3302	9	FILED 2009 SEP 28 AM II: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA
City/State and Zip Code  aotero7311@hotmail.com  E-mail address: (to be used for future annual report notifications)				SEP 28 AMI ECRETARSEE, F
		າ	- ARY ARY	
		•	rt notitication)	四年 五
For further information	concerning this matter, please of	call:		TI: S
	Alex Otero	at (_954_)	240-0262	DA F
Name of Person			Daytime Telephone Num	ber
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	Certifi closed) Certifi	Filing Fee, icate of Status & ied Copy ional 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

oCal Cafe, LLC				
ity Company as it now ap a Limited Liability Compa	<b>pears on our records.</b> ) 1y)			
Company were filed on	September 10, 2009	_ and assigned		
mited liability company	here:			
vords "Limited Liability Co	mpany," the designation "LLC	C" or the abbreviation		
		<del></del>		
DRESS)	TALL SE	2000		
	P.T.	SEP		
	355	No m		
	<u>m</u>	930		
		ST		
		ST. S		
istered office address o ldress here:	on our records, <u>enter the</u>	name of the new		
	<del>-</del>	<u> </u>		
New Registered Office Address:  Enter Florida street address				
	, Florida			
City		Zip Code		
	ity Company as it now ap a Limited Liability Company Company were filed on  Company were filed on  mited liability company  ords "Limited Liability Co  DRESS)  istered office address of Idress here:	ity Company as it now appears on our records.  a Limited Liability Company)  Company were filed onSeptember 10, 2009  mited liability company here:  //ords "Limited Liability Company," the designation "LL.  DRESS)  istered office address on our records, enter the ldress here:  Enter Florida street address, Florida		

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>	Address	Type of Action	
MGRM	LESLIE RIOS - OTERO	413 SW 183 TERRACE PEMBROKE PINES, FL 33029	✓ Add Remove	
			Add Remove	
<del></del>			Add Remove	
<del></del>			To Remove	
<del></del> -			TARFIESTATE ASSEE, FLORIC	
			Add Remove	
D. If amendi	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	ary.)	
			<del></del>	
Dated	- Clip ()			
	Signature of a mem	ber or authorized representative of a member		
-	Tvn	ALEX OTERO ed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00