

L10000126616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

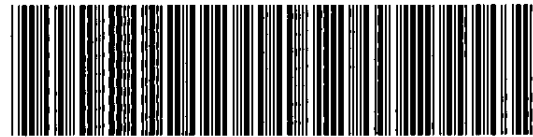
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

JUL 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MI BOHIO LATIN CAFE 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:

JORGE HUBERTO JANOSCH.

Name of Person

MI BOHIO LATIN CAFE LLC

Firm/Company

10032 W McNAB ROAD

Address

TAMARAC, FL, 33321

City/State and Zip Code

JorgeJanosch@gmail.com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE H. JANOSCH.

Name of Person

at (786) 975 9369

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**

MIBOHIO LATIN CAFE L.L.C.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 09 - 2010 and assigned
Florida document number L 10000126616.

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)

10032 W McNab Road

TAMARAC - FL - 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10032 W McNab Road

TAMARAC - FL - 33321

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:

JORGE HUBERTO JANOSCH

New Registered Office Address:

10032 W McNab Road

Enter Florida street address

TAMARAC

City

Florida

33321

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>
MGRM	ERIC F. NATERA	470 SE 2nd AVE BLDG DEERFIELD BEACH, FL, 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEANY D. BUELVAS	470 SE 2nd AVE BLDG DEERFIELD BEACH, FL, 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SIGIFREDO L. GALVE	1114 APPLGATES AVE ELIZABETH, NJ, 07202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JORGE H. JANOSCH	5461 NW 112 Ave Apt. 106 MIAMI, FL, 33178	<input checked="" type="checkbox"/> Add <input 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 04-04, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA