#1/10000/285

| (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



500196025695

02/28/11--01010--004 **25.00

FILED

11 FEB 28 PH 4: 35

SECRETARY OF STATE

THE ANASSME FLORD

EXAMINER
MAR 1 2011

COVER LETTER

• то:

Registration Section
Division of Corporations

Tallahassee, FL 32314

| SUBJECT: | PURO LA | ΓΙΝΟ KAFE, LLC. | |
|-------------------------------|--|--|--|
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of Ar | mendment and fee(s) are sub | omitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | | | |
| | | ALMA C. MEJIA Name of Person | |
| | | | • |
| | PURO LATINO KAFE, LLC. | | |
| | | Firm/Company | |
| | 735 | SOUTH STATE RD 7 | |
| | | Address | |
| | DI | ANTATION, FL. 33317 | |
| | | City/State and Zip Code | |
| | | | |
| • | E-mail address: (t | o be used for future annual report no | otification) |
| For further information con- | cerning this matter, please c | all: | |
| | A C. MEJIA | at (_954_) | 816-7630 |
| Name of Po | erson | Area Code & Day | ime Telephone Number |
| Enclosed is a check for the f | 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) |
| Registration | of Corporations | STREET/COU Registration Sec Division of Corp Clifton Building | porations |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 | I TER 20 | LED | |
|--------------|----------|--------------------|---|
| 51.0 TALL | FEB 28 | РМ 4: 3; 04 ст. | 5 |
| .) | 1,4220底 | FLORIDA | |

| PURO | LATINO KAFE, LLC. | 7.7 | AMASSAE STAT |
|--|---|----------------------------|-------------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | l <mark>ity Company as it now appears</mark> da Limited Liability Company) | s on our records.) | CLAVIASSIE, FLORID |
| The Articles of Organization for this Limited Liability | y Company were filed on | 01/04/2011 | and assigned |
| Florida document number L11000001285 | | | |
| This amendment is submitted to amend the following | : | | |
| A. If amending name, enter the new name of the l | imited liability company here | : | |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Compan | y," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | u= | |
| (Principal office address MUST BE A STREET AD. | DRESS) | | |
| | <u> </u> | | |
| Enter new mailing address, if applicable: | | | <u>.</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or reg | | ir records, <u>enter t</u> | he name of the new |
| 's constitution and the new registered office at | duress nere. | | |
| Name of New Registered Agent: | · | | <u> </u> |
| New Registered Office Address: | Ente | r Florida street addr | ess |
| | Diffe | , Florida | |
| | City | , rioriua | 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> | Address | Type of Action |
|--------------|-------------|---|-----------------|
| MGRM | IVAN JAIMAN | 735 SOUTH STATE RD 7. PLANTATION, FL. 33317 | Add ✓ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | · | | Add Remove |
| | | | Add Remove |
| | | nter change(s) here: (Attach additional sheets, if necessary.) THE SOLE (100%) SHAREHOLDER. | |
| | | | - - |
| | | | |
| Dated | FEBRUARY 22 | , <u>2011</u> . | |
| | Signat (re | Member or authorized representative of a member ALMA C. MEJIA | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00