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,
(Requestor's Name)
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J. SAULSBERRY EXAMINER

OCT 14 2011

COVER LETTER

TO:

TO:	Registration S -Division of Co			
SUBJE	CCT:	CASA CU	BANA CAFE LLC	
00201		Name of Lim	ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Victor Carvajal	
			Name of Person	
		C	asa Cubana Cafe LLC	
			Firm/Company	
			1200 Lee Road	:-1 ~ 2
			Address	ALL SEC
		0	rlando, Florida 32810	ZOIL OCT 13 AM 8: SECRETARY OF STA
			City/State and Zip Code	TIARY
For fur	than in farmation		to be used for future annual report notification)	3 PH 8: 58 RY OF STAFE SEE, FLORIDA
ror tur	mer information	concerning this matter, please of	2411:	A
		ctor Carvajal	at (407) 297-8003	
	Name o	of Person	Area Code & Daytime Telephone	Number
Enclose	ed is a check for t	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ess:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ASA CUBANA CAFE LI		
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited I	Liability Company were filed on _	March 23, 2011	and assigned
Florida document numberL1100003	5189		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Cor	npany," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if appli	cable:	TALL	2011
(Principal office address MUST BE A STRE.	ET ADDRESS)	P P	
Enter new mailing address, if applicable:			ARY OF STATE
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	Victor Carvajál		
New Registered Office Address:	1200 Lee Road		
	Enter Florida street address		
	Orlando	, Florida	32810
	City		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, thereby 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Address</u> <u>Name</u> Victor Carvajal MGRM 3219 Cranes Nest Lane √ Add Remove Kissimmee, Florida 34743 Edwin Garcia MGRM. 1527 Cedar Lake Drive √ Remove Olrlando, Floriad 32824 MGR Edwin Garcia 1527 Cedar Lake Drive ✓ A'dd Remove Orlando, Florida 32824 ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 7 2011 Dated __ signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00