

211000121793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

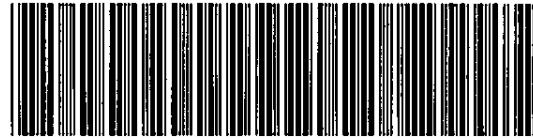
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE-FLORIDA

JAN 03 2014

C. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tu Sabor Bakery & 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:

**Sunita Mejia**

Name of Person

**Tu Sabor**

Firm/Company

**5915 Memorial Highway Suite 101**

Address

**Tampa FL 33615**

City/State and Zip Code

**papirosendo@yahoo.com**

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

For further information concerning this matter, please call:

**Sunita Mejia**

Name of Person

**813 472-0765**

at (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

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## Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Sunita Mejia	5915 Memorial Hwy #101	<input checked="" type="checkbox"/> Add
		Tampa FL 33615	<input type="checkbox"/> Remove
Mgr	Antonio Mejia		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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B. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

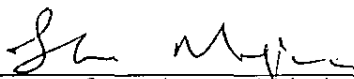
Moving to new location that is an established restaurant.

Applying to FL Dept of Agriculture & Consumer Svc for restaurant license.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 12/27/2013



\_\_\_\_\_  
Signature of a member or authorized representative of a member

SUNITA MEHTA

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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