

L12000023861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

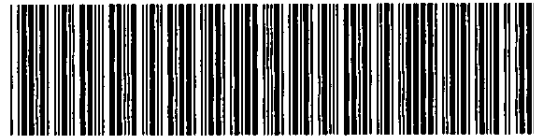
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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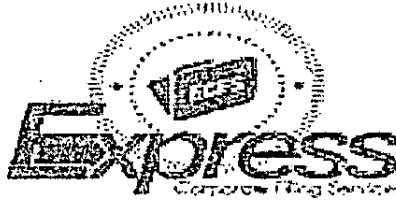
12 DEC -5 AM 11:07
12 DEC -5 AM 9:56

SECRETARY OF STATE
ALLIANCE OF FLORIDA

T. CLINE

DEC - 6 2012

EXAMINER



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Haydee Cafeteria & Restaurant LLC
(CORPORATE NAME) (DOCUMENT #) 212000023841
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☐ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input checked="" type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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CORPORATE FILING
DIVISION

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HAYDEE CAFETERIA & RESTAURANT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/20/2012 and assigned
Florida document number L12000023861.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JULIAN BERNABE HERNANDEZ MADRIZ

New Registered Office Address:

10949 SW 186TH STREET

Enter Florida street address

MIAMI

City

, Florida 33157

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 603, 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>
MGR	HAYDEE PORRAS	9395 JAMAICA DRIVE	<input type="checkbox"/> Add
		CULER BAY, FL 33189	<input type="checkbox"/> <i>change</i>
MGRM	JULIAN BERNABE HERNANDEZ MADRIZ	10949 SW 186TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33157	<input type="checkbox"/> Remove
MGRM	YOANNA DE LA PAZ RUIZ	10949 SW 186TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9556 WY S-320

DEC-5 4 49 56
Remove
Add
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 04, 2012

H. Porras

Signature of a member or authorized representative of a member

HAYDEE PORRAS

Typed or printed name of signee

Page 3 of 3

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TALLAHASSEE, FLORIDA

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