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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2013

B. KOHR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Cueva Restaurant
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:

Portirio Cuevas
Name of Person
La Cueva Restaurant
Firm/Company
226 North Orange Blossom Trail
Address
Orlando FL 32805
City/State and Zip Code
Biglil170@hotmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Iris Rosario at (321) 442-7386
Name of Person 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)

check #490

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**

La Cueva Restaurant

(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 9/18/2018 and assigned
Florida document number L12000119080

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:

Porfirio Cuevas

New Registered Office Address:

8483 Sunsprite CT.

Enter Florida street address

Orlando

Florida

32818

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, I hereby confirm that the limited liability company has been notified in writing of this change.

* Porfirio Cuevas
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	IRIS ROSARIO	5956 W. Amelia St.	<input type="checkbox"/> Add
		Orlando FL 32835	<input checked="" type="checkbox"/> Remove
MGR	Porfirio Cuevas	8438 Sunspire Ct.	<input type="checkbox"/> Add
		Orlando FL 32818	<input checked="" type="checkbox"/> Remove
MGRM	Porfirio Cuevas	8438 Sunspire CT	<input checked="" type="checkbox"/> Add
		Orlando FL 32818	<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

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

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00