

L13 6000 31804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

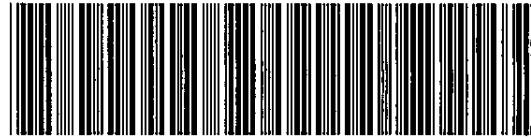
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PETIT 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:

MANUEL M ARVESU

Name of Person

Firm/Company

10261 SW 72ST SUITE C 101

Address

MIAMI, FL 33173

City/State and Zip Code

MMARVESU@GMAIL.COM

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

For further information concerning this matter, please call:

MANUEL M ARVESU

Name of Person

305 799-8077

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

PETIT BAKERY CAFE LLC

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

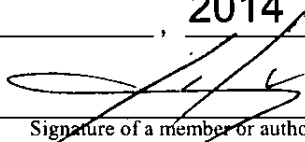
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOEL LEDEZMA	5461 N UNIVERSITY DR	☐ Add
		SUITE 104	☒ Remove
		CORAL SPRINGS, FL 33067	
MGR	JENNI HERNANDEZ	5461 N UNIVERSITY DR	☐ Add
		SUITE 104	☒ Remove
		CORAL SPRINGS, FL 33067	
AMBR	FRANCISCO CORDOVA	5461 N UNIVERSITY DR	☒ Add
		SUITE 104	☒ Remove
		CORAL SPRINGS, FL 33067	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 21, 2014



Signature of a member or authorized representative of a member

FRANCISCO CORDOVA

Typed or printed name of signee

14 AUG 23 PM 2:10
CLERK OF COURT
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