#13000040464

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SECRLYARY OF STATE
ALL EHASSEE, FLORIDA.

K.SALY EXAMINER AUG - 9 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

MOCHICA, 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:

LUIS A. SERRANO

Name of Person

MOCHICA LLC

Firm/Company

5941 S. UNIVERSITY DR

Address

DAVIE, FL 33328

City/State and Zip Code

FPYSERVICES@COMCAST.NET

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

For further information concerning this matter, please call:

PEDRO PAREDES

954₃392-8669

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)

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

FILED

13 AUG -2 AM II: 43

ALLAHASSEE, FLOORE

ds.)

MOCHICA, LLC

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

,				10Д,
The Articles of Organization for this Limited L Florida document number <u>L13000040464</u>	iability Company	were filed on MARC	CH 18, 2013	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, <u>enter the new name c</u>	f the limited liab	oility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company,'	'the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NONE		
Enter new mailing address, if applicable:		NONE		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			records, enter th	e name of the new
New Registered Office Address:				
		Enter	Florida street addre	ess
	<u></u>		, Florida	
		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.

"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>	Name	Address	Type of Action
MGR	LUIS SERRANO LEON	5941 S UNIVERSITY DE	Add
		DAVIE, FL 33328	Remove
			Add
			Remove
······			Add
	·		Remove
			Add
			Remove
, .uu.a.			Add
			Remove
			Add
			Remove

If amendi	ng any other i	information, ente	r change(s) here:	(Attach additional sheets, if ne	cessary.)
					
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ted JUL	Y 31	Λ	/2013		
	··				
	/	1 mm			
_		Signature of a	member or authoriz	ed representative of a member	
_	LUIS A S	ERRANO	(
		ν	Typed or printed i	name of signee	

Page 3 of 3

Filing Fee: \$25.00