

L130000-41945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

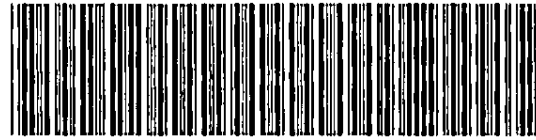
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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R. WHITE
JAN 28 2021

December 4, 2020

From: Reinier Cano Morera (owner for El Imperio de la Comida, INC.)

To: Florida Department of State (Division of Corporations)

I hereby want to inform you that I am Reinier Cano Morera, business owner for El Imperio de la Comida, INC.:

Document Number: P19000030139

Date Filed: 04/03/2019

Effective Date: 04/01/2019

State: FL

Status: INACTIVE

Business Address: 1325 E 4 Ave. Hialeah, FL 33010

Like 4 month ago, I sent the Articles of Dissolution for El Imperio de la Comida, INC. My purpose was to close completely this company. Then, El Imperio de la Comida, INC is already inactive.

Therefore, the business El Palacio de la Comida LLC (which is interested in my name) can take the name: EL IMPERIO DE LA COMIDA LLC.

This is the actual information for El Palacio de la Comida LLC:

Document Number: L13000041945

FEI/EIN Number: 46-2333880

Date Filed: 03/20/2013

State: FL

Status: ACTIVE

Business Address: 1325 E 4 Ave. Hialeah, FL 33010

Manager: Daysi Morera

Manager Address: 1190 W 55 PL HIALEAH, FL 33012

Owner: Maikel Carralero

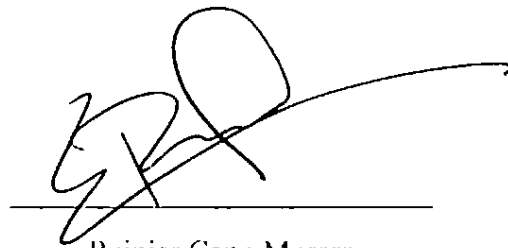
Owner Address: 2935 SW 133 AVE MIRAMAR, FL 33027

In conclusion, I hereby want to let you know that the active business El Palacio de la Comida LLC, can take the name that I had in my dissolved company: El Imperio de la Comida, since I do not want it anymore.

If you have any question, please, feel free to contact me to my cellular: (305) 560-3889. Also you can mail me to: 1190 W 55th PL Hialeah, FL 33012, or you can use my email:

rcano88@gmail.com.

Thank you for your help!

A handwritten signature in black ink, appearing to be 'RCM', with a long horizontal line extending to the right.

Reinier Cano Morera

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: El Palacio de la Comida 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:

Daysi Morera
Name of Person
El Palacio de la Comida LLC
Firm/Company
1325 E 4 Ave
Address
Hiialeah Fl. 33010
City/State and Zip Code
daysimorera46@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daysi Morera at (786) 445-3303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

El Palacio de la Comida 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 03/20/2013 and assigned
Florida document number L13000041945.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

El Imperio de la Comida LLC

The new name must be distinguishable and contain 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Daysi Morera

Typed or printed name of signee

Filing Fee: \$25.00

Florida DRIVER LICENSE



C500-720-88-147-0 CLASS E

1 CANO
2 REINIER
3 1190 W 56TH PL
4 HIALEAH, FL 33012

5 DOB 04/27/1988 ISSD M SAFE DRIVER
6 EXP 04/27/2023 18 HST 5-07
7 REST NONE 19 END NONE

10 ISS 03/21/2016
11 500 5051812048848
12 REPLACED 12/04/2018

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

2 0100376516618128

REST: None

END: None

CLASS: E - Any non-commercial with a GVWR < 26,001 lbs. or any RV

The state of FL retains all property rights herein.

04/27/1988

