

L13000059355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 22 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALI FRESH 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:

Regina Orbezo  
Name of Person  
CALI FRESH CAFE LLC  
Firm/Company  
3103 W RID VISTA  
Address  
TAMPA FL 33614  
City/State and Zip Code  
jorbezo44@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE Orbezo at (813) 494-5558  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

CALi Fresh CAFE 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 4-23-13 and assigned  
Florida document number L13000059355

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)

6821 W Hillsborough Suite 1-3  
Tampa FL US 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6821 W HILLSBOROUGH Suite 1-3  
Tampa FL 33634

**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:

Regina Dibezo

New Registered Office Address:

6821 W HILLSBOROUGH Ave suite 1-3

*Enter Florida street address*

TAMPA

*City*

Florida

33634

*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.*

Regina Dibezo  
*(Signature)*  
**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>
MGRM	Regina Orbezo	3103 W RID VISTA	<input checked="" type="checkbox"/> Add
		TAMPA FL 33614	<input type="checkbox"/> Remove
MGRM	Jose Orbezo	3103 W RID VISTA	<input type="checkbox"/> Add
		Tampa FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

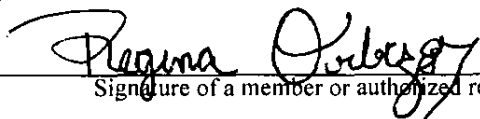
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JUST WANT TO MAKE SURE I REGINA  
ORBEZO IS ADDED ON + JOSE ORBEZO  
IS TAKEN OFF COMPLETELY.

Dated 5/12/13



Signature of a member or authorized representative of a member

REGINA ORBEZO

Typed or printed name of signee

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Filing Fee: \$25.00

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