Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Phone : (305)397-8553 Fax Number

: (305)397-8521

**Enter the email address for this business entity to be used for furgre annual report mailings. Enter only one email address please.* Email Address:

ထဲ

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRE AMICI CAFE,LLC.

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Help

H13000160372 3

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

TRE AMICI 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:

GUADALUPE BLES

Name of Person

TRE AMICI CAFE, LLC.

Firm/Company

1610 COLLINS AVE

Addres

MIAMI BEACH, FL 33139

City/State and Zip Code

guadalupebles@yahoo.es

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

For further information concerning this matter, please call:

GUADALUPE BLES

,786,**718-2680**

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)

☐S60.00 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

H130001603723

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRE AMICI CAFE, LLC.			
(Name of the Limited)	Liability Company as it now apper Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Lia Florida document number L13000079910			ssigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability company be	ere:	
TRE AMICI CAFE, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applica	ble:	25 C42	
(Principal office address MUST BE A STREET	(ADDRESS)	5 4	PTT 1-3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)	E FLORIDA K OF STATE	7 AH 8: 33
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter the name	of the new
Name of New Registered Agent:	PAGIO'S & ASSOCIATE	S, LLC	
New Registered Office Address:	1040 71ST STREET STE		
	nter Florida street address		
	MIAMI BEACH	Florida 33141	
	City	Zip Co	de
New Yearstaned Agentle Company of changing D	anistavad Amente		

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 Changing Registered Agent, Signature of New Registered Agent

. . . .

Remove

H13000160372 3
If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Type of Action <u>Address</u> 1610 COLLINS AVE **MGRM** DOMINGO J. CALEYO-CANO MIAMI BEACH, FL 33139 1610 COLLINS AVE **GUADALUE BLES MGRM** MIAMI BEACH, FL 33139 1610 COLLINS AVE **GUADALUPE BLES MGRM** MIAMI BEACH, FL 33139 Rčiňov ထဲ Remove

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). If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if ne	cessary.)
_		
July 17	2013	
Blel		
MODM	Signature of a member or authorized representative of a member	
MGRM		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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