

LL3000132604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

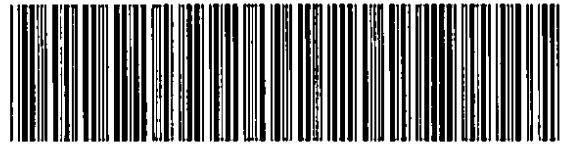
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N. COOPER

SEP 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pork Tavern, 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:

Oscar Fernandez

Name of Person

Pork Tavern, LLC

Firm/Company

14272 SW 140th St. Unit 107

Address

Miami, FL 33186

City/State and Zip Code

olaconstructiongroup@gmail.com

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

For further information concerning this matter, please call:

Oscar Fernadnez

305

235-6995

at (_____) _____

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

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>
MGR	Brett Dusharm	3155 Jackson Ave Miami, FL 33133	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONALD Yacoub	5401 SW 64TH PL SOUTH MIAMI, FL 33155	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Canes Tavern, LLC	2601 S BAYSHORE DR. COCONUT GROVE, FL 33133	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF DEFENSE
DIVISION OF INFORMATION

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 9/13/2018

Signature of a member or authorized representative of a member

Oscar Fernandez, Pork T LLC

Typed or printed name of signee