

L13000134465
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ERICKPOND@LIVE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA CASA DEL MARISCO ECUADORIAN FOOD, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA CASA DEL MARISCO ECUADORIAN FOOD, 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:

YOLANDA RAMOS

Name of Person

LA CASA DEL MARISCO ECUADORIAN FOOD, LLC

Firm/Company

3421 SOUTH ORANGE BLOSSOM TRAIL UNIT 156

Address

ORLANDO, FL 32809

City/State and Zip Code

ERICKPUMA@LIVE.COM

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

For further information concerning this matter, please call:

YOLANDA RAMOS

Name of Person

407

at ()
Area Code

850-9500

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**

LA CASA DEL MARISCO ECUADORIAN FOOD, 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 09/24/2013 and assigned
Florida document number L13000134465

This amendment is submitted to amend the following:

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

LA CASA DEL MARISCO ECUADORIAN PERUVIAN CUISINE, 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:

ERICK STEVEN PUMA

New Registered Office Address:

8421 SOUTH ORANGE BLOSSOM TRL. UNIT 156

Enter Florida street address

ORLANDO

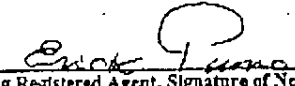
City

Florida 32809

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.


Erick Steven Puma
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

Title	Name	Address	Type of Action
MGR	YOLANDA RAMOS	8421 SOUTH O.B.T. UNIT 156	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERICK STEVEN PUMA	8421 SOUTH O.B.T. UNIT 156	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 OCT 30 AM 8:12
EAST AFRICA

7-11

E. Effective date, if other than the date of filing: _____ (optional)
(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)
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 OCTOBER 30 2017

Signature of a member or authorized representative of a member

YOLANDA RAMOS

Typed or printed name of signee