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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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VAN 10 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Black Bean 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:			
Lisa Quesada			
Name of Person			
Black Bean Cafe, LLC			
Firm/Company			
3218 South Atlantic Ave			
Address			
Daytona Beach Shores, FL 32118-6293		2014 JAN	سو
City/State and Zip Code		JAN	ucu
cam8kae4@yahoo.com	SS T	8	P
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	r of stat	PH (1
Lisa Quesada 386, 316-6226	MINE	3: 20	i) eq
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Bean Care, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our red d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000171057</u> .	ny were filed on 12/11/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		201
		ASS A
Enter new mailing address, if applicable:		₩ 00
(Mailing address MAY BE A POST OFFICE BOX)		
		5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

itle	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	Glen Quesada	65 Cindy Lane	Add
		Ponce Inlet, FL 32127	Remov
			— ГЛ
			Add
			Add
		ALL A SE	Add
		FLOR DA	3: 0 20 Add
			Remo
			Add
			Remov

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	We have been separated and I have all of my money in
	the business. If we don't get things worked out and get
	a divorce Glen Quesada will not be able to get half of
-	Black Bean Cafe, LLC.
	ive date, if other than the date of filing: 12/11/13 (optional) ctive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated 1/	/3/14
	Signature of a member or authorized representative of a member
	Lisa Am Quesacla Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2014 JAN -8 PA