

L14000016368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

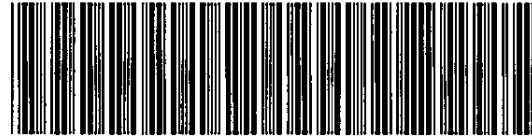
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256032867

01/31/14--01018--022 **25.00

14 FEB 28 AM 9:30
TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF REVENUE

J. Stivers MAR 03 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2014

MARIA ALCANTAVA
713 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

SUBJECT: LATIN RESTAURANT SPANISH CUISINE LLC
Ref. Number: L14000010368

We have received your document for LATIN RESTAURANT SPANISH CUISINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00002527

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATIN RESTAURANT SPANISH CUISINE 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:

MARIA D ALCANTARA
Name of Person

LATIN RESTAURANT SPANISH CUISINE LLC
Firm/Company

713 S ORANGE BLOSSOM TRAIL
Address

APOPKA FL 32703
City/State and Zip Code

YNAIS046@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel A ALCANTARA at (407) 668-2706
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

LATIN RESTAURANT SPANISH CUISINE 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 1/21/2014 and assigned
Florida document number L14000010368

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)

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:

MARIA ALCANTARA

New Registered Office Address:

713 S ORANGE BLOSSOM TRAIL

Enter Florida street address

Apopka

City

Florida

32703

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.

Maria Alcantara

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	MARIA ALCANTARA	713 S Orange Blossom	<input checked="" type="checkbox"/> Add
		Apopka FL 32703	<input type="checkbox"/> Remove

AMBR	Miguel A ALCANTARA	713 S Orange Blossom	<input type="checkbox"/> Add
		Apopka FL 32703	<input checked="" type="checkbox"/> Remove

MGR	Miguel A ALCANTARA	713 S. Orange Blossom	<input checked="" type="checkbox"/> Add
		Apopka FL 32703	<input type="checkbox"/> Remove

16 FEB 28 6:09 30
TALLAHASSEE
FLA

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/19/14, _____

Maria Alcantara

Signature of a member or authorized representative of a member

Maria Alcantara

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 FEB 28 PM 01:30
TALLAHASSEE, FLORIDA