

L14000090090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

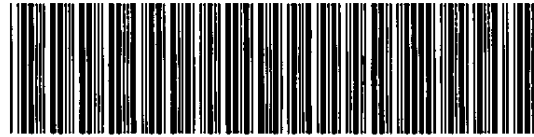
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000251058910

04/11/14--01030--001 **25.00

2014 APR 10 PM 4: 23
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

NO

APR 11 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2014

EDINELSON U. SANTOS
514 NE 109 ST
MIAMI, FL 33161

SUBJECT: JULIA'S CATERING & RESTAURANT, LLC
Ref. Number: L14000020090

We have received your document for JULIA'S CATERING & RESTAURANT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 114A00004507

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 10 PM 4: 23

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JULIA'S CATERING & RESTAURANT, 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:

EDINELSON U. SANTOS

Name of Person

Firm/Company

514 NE 109 ST

Address

MIAMI, FL 33161

City/State and Zip Code

EDDIEUZS@AOL.COM

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

For further information concerning this matter, please call:

EDINELSON SANTOS

Name of Person

at **(305) 812-3844**

Area Code

Daytime Telephone Number

FILED
2014 APR 10 PM 4:23
CLERK OF STATE
TALLAHASSEE FLORIDA

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**

JULIA'S CATERING & RESTAURANT, 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 02/05/2014 and assigned Florida document number L14000020090.

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)

2150 W 10 CT.
Hialeah, FL 33010

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:

EDINELSUN UZEDA SANTOS

New Registered Office Address:

514 NE 109 ST

Enter Florida street address

MIAMI

City

Florida

33161

Zip Code

FILED
2014 APR 10 PM 4:28
CLERK OF COUNTY OF DADE
TALLAHASSEE, FLORIDA

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>EDINELSON UZEDA SANTOS</u>	<u>514 ne 109 St, Miami FL 33161</u>	<input checked="" type="checkbox"/> Add

Remove

<u>MGR</u>	<u>Sergio Paredes</u>	<u>same as above</u>	<input type="checkbox"/> Add
------------	-----------------------	----------------------	------------------------------

Remove

Add

Remove

Add

Remove

Add

Remove

Add

Remove

FILED
2014 APR 10 PM 4:28
CLERK OF STATE
TALLAHASSEE FLORIDA

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

I JUST NEEDED MY LAST NAME CORRECTED TO SHOW: EDINELSON UZEDA SANTOS

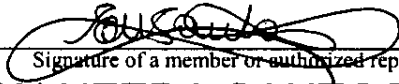
OR ONLY EDINELSON SANTOS. RIGHT NOW IT SHOWS ONLY UZEDA.

Also please change principal address; & add a manager.

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

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

Dated April 7, ~~2014~~ 2014. ES



Signature of a member or authorized representative of a member

EDINELSON UZEDA SANTOS

Typed or printed name of signee

FILED
2014 APR 10 PM 4:23
CLERK OF STATE
TALLAHASSEE FLORIDA