# L14000041733

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B. BOSTICK

APR 17 2014

**EXAMINER** 

## **COVER LETTER**

O: Registration Se Division of Cor			
UBJECT:	LAS COLOMBIANAS R	EFRESQUERIA LLC	
Object	Name of Limi	ited Liability Company	<del></del>
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	AL	BIS GRANADOS	
		Name of Person	
		Firm/Company	<u></u>
	15:	520 SW 72ND ST Address	<u> </u>
		vi FL 33193 City/State and Zip Code	
	Albisar E-mail address: (	City/State and Zip Code  ANADOS @ HoTMALL.Co  to be used for future annual report notif	j W ication)
or further information of	concerning this matter, please ca		
Albis G	· · · · · · · · · · · · · · · · · · ·	at (786 ) 201-455	50
Name o	of Person	Area Code Daytime	e Telephone Number
inclosed is a check for t	he 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,

## 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

Lac Cala mana Permanerana IIC

	MRIANAS CEPEBON					
(A Florid	ity Company as it now appears on a Limited Liability Company)	but records.				
The Articles of Organization for this Limited Liability	Company were filed on Ma	ect 12,2011	<u> </u>	_ and as	signed	
Florida document number <u>L14000041733</u>	·					
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:					
The new name must be distinguishable and end with the words "L	imited Liability Company," the design	gnation "LLC" or	the abbr	eviation '	L.L.C."	_
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·					_
(Principal office address MUST BE A STREET ADD	RESS)					
			:	FND		_
			•	I me		
Enter new mailing address, if applicable:				<u>:</u> ;		
(Mailing address MAY BE A POST OFFICE BOX)				-773		_
				<u> </u>	. 4 ; .*3	
				• . ;	. •••	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ır records, <u>en</u>	ter th	e name	of the	nev
Name of New Registered Agent:						_
New Registered Office Address:			_			_
	Enter Florida	street address				
	City	, Florida		Zip Code		_
	City			zip Coae		

### 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
MGRM	BETTY BABILONIA	15520 SW 72ND ST	
		15520 SN 72ND ST MIAMI, FL 33193	Remove
<del></del>			Add
			□ Remove
			Add
			Remove
		<del></del>	Add
			□ Remove
<del></del>			
			□ Remove
<del> </del>			Add
			□ Remove

	nuing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Please Update Article IV's Address to
	15520 SW 72ND ST
_	MIAMI, FL 33193
_	
 Efforti	and data if other than the data of filing.
(The effe	ve date, if other than the date of filing:
Dated	م م م
Dated	
	achi Janada
	Signature of a member or authorized representative of a member
	AIBIS GEANA GOS  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00