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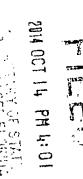
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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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10/14/14--01014--005 **25.00



D. BRUCE

COVER LETTER

Division of Corporations		
SUBJECT: Minc's Cuben Cafe UC. 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:		
Ancie Genzelez Name of Person		
Mina's Was Cafe Uc.		
448 Fish Howk Or Address		
City/State and Zip Code	2814 OCT	COMPANIE D
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	14 PH 4:	Control of the Contro
Area Code Daytime Telephone Number		n _{eres})
Enclosed is a check for the following amount: \$\sigma \$\sigma \text{\$\sigma \te	ng Faa	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	

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

Mina's (Name of the Limited	Liability Company	as it now appe	ars on our records.)		
(A	Florida Limited Liab	oility Company)	,		
The Articles of Organization for this Limited Liab	oility Company we	ere filed on _	6-1-14		and assigned	
Florida document number <u>L1400086</u>	2106					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabilit	y company	here:			
The new name must be distinguishable and end with the we	ords "Limited Liability	y Company," th	ne designation "LLC	" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicat			_	3	Catago,	
(Principal office address MUST BE A STREET	ADDRESS)			in the second		Case parties
	-		·	žo ∰. dn,	<u></u> j	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	· · · · · · · · · · · · · · · · · · ·			0	
	~					
B. If amending the registered agent and/or	· ·	e address (on our records,	enter the	name of the ne	w
registered agent and/or the new registered office	ce address here:					
Name of New Registered Agent:	_Ccr/o	s Go	arcio_			
New Registered Office Address:	203		0 54 CT lorida street address	Lot 7	87	
	Microi (City	<u>S,</u> Flo		255 p 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.

Agenging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Au	uthorized Member ,		
<u>Title</u>	Name	Address	Type of Action
MGR	Ancie Garalez	448 Bayleaf Dr	Add
		Kissinnee Fl 34759	1_E Remove
			_
MGR	Jose Oquendo	448 Bayleaf Dr	Add
		Kissimmee Fl 34759	Remove
MGR	Carlos Garcia	20342 NW S4 CT LOTT	
		Miani Gardens Fl 3305	
			OCI Add
			Add Remove
		Constitution of the consti	Rémove
			
			☐ Remove
			Add
			□ Remove

·	
	n the date of filing: (optional) c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
•	
•	- 17, 2014.
•	- 17 , 2014 .
·	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

