114000091389

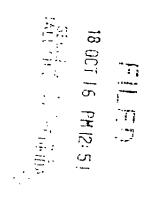
(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	-
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to Filing Officer:		

Office Use Only



800319754128

10/17/18--01051--018 ++25.00



OCT 2 7 2018
TI SCHROEDTR

COVER LETTER

TO:	Registration Se División of Cor			
SUBJEC		COLA LLC		
00000		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jose L Almarales		
		· · · · ·	Name of Person	
		Professional Services Boo	kkeeping Inc	
			Firm/Company	
		736 NW 22nd Av		
			Address	
		Miami Fl 33125		
			City/State and Zip Code	
		jose@professionalservicesn		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all;	
Jose 1, A	Almarales		at () 642-3000 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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

LA CARACOLA LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on <u>6/6/2014</u>	and assigned
Florida document number L14000091389		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.≘,. σ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the new
registered agent and/or the new registered ornce address i	iere;	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r юний мгеен daaress	
	Florid	a

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kei Shumura Horie	125 NE 32 St Apt 1603 Miami FL 33137	■ Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			□ Remove
			Change
			T BACK
			F Remove 7
			Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			
			Remove
			Change

	·			
				
			- <u>-</u>	
		7 (f) 27 (f)	130	· • • • • • • • • • • • • • • • • • • •
		-14	-5	********
			P	
			<u> </u>	**************************************
			. <u></u> :	
		·		
(If an et <u>Note:</u>	tive date, if other than the date of filing: 9/27/2018 (op fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days all. If the date inserted in this block does not meet the applicable statutory filing requirements, then it's effective date on the Department of State's records.			
b) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ e 90 th day after the record is filed.		earlie	er of:
Dated	Signature of a member or authorized representative of a member Vicinity Line Horized Shaws Typed or printed name of signee			
	Jacob Carlo			
	Signature of a member of authorized representative of a member			
	Vicalestine Horiz de Shinne			

Page 3 of 3

Filing Fee: \$25.00