L14000114733

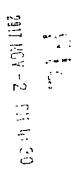
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HARRIS

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	lis MXICA Name of Lim	M Cravings Lited Liability Company	LKC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Josue	Cayaa Name of Person	
	Lolis	Mexican Cva	vings LC
	8005	Bentamin Ro	<u>d</u>
	Tamp	City/State and Zip Code	34
	E-mail address: (to be used for future annual report notific	cation)
For further information cond	erning this matter, please co	ail:	
JOSUE G	aron .	at (<u>Ø13</u>) <u>88U</u> Area Code Daytime	Telephone Number
Enclosed is a check for the t	ollowing 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





October 12, 2017

JOSUE GARCIA 8005 BENJAMIN RD TAMPA, FL 33634

SUBJECT: LOLIS MEXICAN CRAVINGS LLC

Ref. Number: L14000114733

We have received your document for LOLIS MEXICAN CRAVINGS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00020646

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDLIS MEXICANI CDAVINGS IIC

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LI40001147</u>	by Company were filed on $07 \cdot 21 - 2014$ and assigned 33.
This amendment is submitted to amend the following	<u>;</u>
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:
The new name must be distinguishable and contain 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 AD	ODRESS) - CZ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	Josue Garcia
New Registered Office Address:	8005 Benjamin Rd Tampa Fl 33630
_	Tampa Florida 33634

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 Type of Action <u>Title</u> <u>Name</u> **Address** MGR Walberto Gomez □ Add Tampa F1 33634 Remove **C**hange AMBR Mand D Sugrez □ Add □ Remove Change Josue Garcia □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Remove*.. ____ □:©hange ::-_c.s □¢Xdd □ Remove

☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	I		
Note:	tive date, if other than the date of filing: Du-lu-2017 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records.			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or e 90th day after the record is filed.	n the ϵ	arlier	of:
Dated	June 10. 17.	,	2017	
	Signature of a member or authorized representative of a member	;	7 HCV	ED41242
	Walberto Comez		-2	ITTH'S
	Typed or printed name of signee		±:	
	Page 3 of 3	**	: 30	

Filing Fee: \$25.00