

L14000117149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

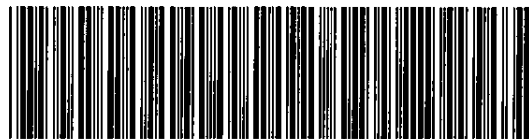
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELL COMMUNICATION ENTERPRISES, 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:

CARLOS M. VANTERPOOL CEVERINO

Name of Person

CELL COMMUNICATION ENTERPRISES, LLC

Firm/Company

255 HIDDEN SPRINGS CIRCLE

Address

KISSIMMEE, FLORIDA 34743

City/State and Zip Code

CARLOS-VATERS22@HOTMAIL.COM

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

For further information concerning this matter, please call:

CARLOS M. VANTERPOOL CEVERINO

at (**917**)

530-4392

Name of Person

Area Code

Daytime Telephone Number

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

FILED

2014 NOV -3 AM 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CELL COMMUNICATION ENTERPRISES, 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 JULY 24, 2014 and assigned
Florida document number L14000117149.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LA CASA DEL PASTEL, LLC

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)

255 HIDDEN SPRINGS CIRCLE

KISSIMMEE, FLORIDA 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 HIDDEN SPRINGS CIRCLE

KISSIMMEE, FLORIDA 34743

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:

N/A

New Registered Office Address:

255 HIDDEN SPRINGS CIRCLE

Enter Florida street address

KISSIMMEE

City

, Florida 34743

Zip 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.

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>
MGR	KERMIS A. BATISTA	3223 CORLEAR AVE. # 2	<input type="checkbox"/> Add
		BRONX, NY 10463	<input checked="" type="checkbox"/> Remove
MGR	MOISES A. VANTERPOOL	255 HIDDEN SPRINGS CIRCLE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34743	<input type="checkbox"/> Remove
MGR	DAVID S. VANTERPOOL	255 HIDDEN SPRINGS CIRCLE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

ARTICLE IX - CAPITAL CONTRIBUTIONS

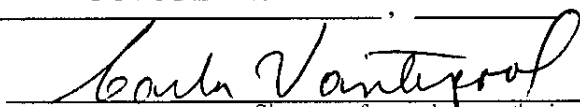
THE MEMBERS WILL MAKE CONTRIBUTIONS AS FOLLOW:

CARLOS M. VANTERPOOL CEVERINO	80%
MOISES A. VANTERPOOL	10%
DAVID S. VANTERPOOL	10%

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 OCTOBER 29, 2014



Signature of a member or authorized representative of a member

CARLOS M. VANTERPOOL CEVERINO

Typed or printed name of signer

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TALLAHASSEE, FLORIDA