L14000147675

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000196722 3)))

H14000196722 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

mmtk# 882946

From:
Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (786)437-4609

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gacevedo@fowler-white.com

RECEIVED
14 AUG 22 AM 6:40
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAVID'S CAFE CAFECITO ALTON ROAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

FILED
14 AUG 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/21/2014

EP 8/25/14

Electronic Filing Menu Corporate Filing Menu Help

Audit Number: H140001967223

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David's Cafe Cafecito Alton Road 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:

Gil O. Acevedo, Esq.
Name of Person

Fowler White Burnett, P.A.
Firm/Company

1395 Brickell Avenue, 14th Floor
Address

Miami, Florida 33131
City/State and Zip Code

gacevedo@fowler-white.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gil O. Acevedo, Esq. at (305) 789-9225
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

August 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Fowler White Burnett P.A.

SUBJECT: David's Cafe Cafecito Alton Road LLC
REF: L14000117675

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

Please return your document, along with 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.

Elliott R McCaskill
Registration Specialist II

FAX Aud. #: H14000196722
Letter Number: 414A00018005

RECEIVED
14 AUG 22 AM 6:40
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
14 AUG 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

Audit Number: H14000196723

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

David's Cafe Cafecito Alton Road 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 25, 2014 and assigned Florida document number L14000117675.

This amendment is submitted to amend the following:

FILED
14 AUG 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City *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

EFFECTIVE DATE 8/21/2014

Audit Number: H14000196723

Audit Number: H140001967223

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

Title	Name	Address	Type of Action
MGRM	Laura Collard-Gonzalez	1401 Bay Road, Suite 208 Miami Beach, Florida 33139	☐ Add ■ Remove
MGR	Laura Collard-Gonzalez	550 11th Street, Suite 112 Miami Beach, Florida 33139	■ Add ☐ Remove
President	Adrian Gonzalez	550 11th Street, Suite 112 Miami Beach, Florida 33139	☐ Add ■ Remove
MGR	Adrian Gonzalez	550 11th Street, Suite 112 Miami Beach, Florida 33139	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
14 AUG 20 PM 12:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/21/2014

Audit Number: 11140001967223

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

E. Effective date, if other than the date of filing: August 21, 2014 (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 August 18 2014

Signature of a member or authorized representative of a member

Adrian Gonzalez, President

Typed or printed name of signee

Filing Fee: $25.00

FILED
14 AUG 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA