## L14000120305

(Requ	uestor's Name)	
(Addı	ess)	
(Addr	race)	
. (Addi	<i>ess)</i>	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ıment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE
AHASSEF, FLORID.

AUG 1 1 2015 T. HARAPTOIS

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
enib i		AL MAMBO CUBAN REST	AURANT LLC	
SUBI	JECT;	Name of Lim	ited Liability Company	<del></del>
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspor	ndence concerning this matter	to the following:	
		DAILYN MADRIGAL		
			Name of Person	
			Firm/Company	
		2072 HENDRY STREET		
			Address	<del> </del>
		FORT MYERS, FL 33901		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For fu	urther information co	oncerning this matter, please ca	all:	
DAII	LYN MADRIGAL		305 394-7105	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	osed is a check for th	e following amount:		
<b>589</b> \$	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

FL TROPICAL MAMBO CUBAN RESTAURANT		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. I Liability Company)	)
The Articles of Organization for this Limited Liability Companion lorida document number <u>L14000120305</u> .	y were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		TS 5
Principal office address MUST BE A STREET ADDRESS)		TAR S
		55 5
		SEC PA
nter new mailing address, if applicable:		FS P
Mailing address MAY BE A POST OFFICE BOX)	2072 HENRY STREET	ORA 3
	FORT MYERS, FL 33901	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	FORT MYERS, FL 33901  office address on our records,	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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	ALINA NAPOLES	2072 HENDRY STREET	<b>⊟</b> Add
		FORT MYERS, FL 33901	☐ Remove
			Change
MGR	DAILYN MADRIGAL	2072 HENDRY STREET	
		FORT MYERS, FL 33091	□ Remove
			■ Change
			Add
			□ Remove
			☐ Change
		494	
			Remove  CRECRETOR  Change  Change
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an effect <u>ote:</u> If	e date, if other than the dat tive date is listed, the date must be the date inserted in this block it's effective date on the Depar	specific and cannot be does not meet the ap	prior to date of filing or m oplicable statutory filin	( <b>option</b> nore than 90 days after file g requirements, this da	ing.) Pursuant to 605.02	207 as
reco The 9	rd specifies a delayed ef Oth day after the record	fective date, bu is filed.	t not an effective t	ime, at 12:01 a.n	n. on the earlier	· O
ated	JULY, 21th	2015			<del>-1</del>	
			-		SECRE AR	
	Sig	nature of a member or	authorized representative	of a member	AAR ASS	į
	DAILYN MADRIGAL	J			PR PR	9
					2: 38	-

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Filing Fee: \$25.00