L14000135294

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If Changing Registered Agent
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COVER LETTER	ı	
TO: Registration Section Division of Corporations SUBJECT: MIMA'S KITCHEN MIAMI LLC Name of Limited Liability Company	Business has ! Sold. Please Yvotte Daniel and New ?	seen Necron
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	gratte Daniel) and Suzees
Raul Parra Orizondo Name of Person		
Mima's Kitchen Miami LLC Firm Company	954-20	o~9035
9725 NE 2°d Ave.		
Miami, FL 33/38 City/State and Zip Code cordatus 23 @ gmail. com F-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Raul Parra Orizondo at 732, 865-5805 Name of Person Area Code Daytime Telephone Number		
finelosed is a check for the following amount:		
\$25 00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Considerate		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: alexcavapal@gmail.com &

Subject: Date:

mimaskitchenmiami@gmail.com

To: Cc: cordatus23@gmail.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	(A Florida Limited Lubility Company)
The Articles of Organization for this Limited I Turida document number Lt4000135294	Liability Company were filed on 08/28/2014 and assigned
This amendment is submitted to amend the fol	flowing:
A. If amending name, enter the new name	of the limited limbility company here:
	SAME
he 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 appli	icable: Same
Principal office address MUST BE A STRE	
nter new mailing address, if applicable:	Same
Mailing address MAY BE A POST OFFICE	<u>BOX</u>)
If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address on our records, enter the name of the office address here: RAUL PARRA ORIZONDO
	0215 MS) 1 No (SAme)
New Registered Office Address:	CARS NE ZNI WE (SAME)
	Mism. Sheico Florida 33130
	Contract of the Contract of th

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 lighted liability company has been notified in writing of this change.

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 = Mnnnger AMBR = Authorized Member

Title	Name	Address	Type of Action
PRESIDE	YVETTE DANIEL		D Add
		9725 NE 2ND AVE, MIAMI SHO	_ 🖰 Remove
			C'hange
MGR	RAUL PARRA ORIZONIXO	9725 NE 2ND AVE, MIAMI SHO	& Add
		· -	Bemove
			Change
MGR .	ALEXANDRA CAVA PALOMIN	9725 NE 2ND AVE, MIAMI SHO	
			П Remove
			□ Change
			🖸 Add
			O Remove
			Change
			🗆 Add
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(H'an effi Note:	ve date, if other than the date of filing: DEC 15, 2017 (optional) converted as it is tested, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
Dated .	12/22 . 2017 1A Q +
	Signature of expember or euthorized representative of a member

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Filing Fee: \$25.00