

L1400014/382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Independently Owned & Capitalized 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:

Balmys O. Sosa Rodriguez
Name of Person

2924 Del Prado Blvd S Suite 5
Firm/Company
Address

Cape Coral, FL 33904
City/State and Zip Code

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

For further information concerning this matter, please call:

Balmys Sosa at (239) 645-5731
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

Independently Owned & Caffeinated 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 03/14/2013 and assigned
Florida document number 214000141382

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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 ADDRESS)

Balmy's O. Sosa

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2924 Del Prado
Cape Coral, FL 33904

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:

Balmy's O. Sosa Rodriguez

New Registered Office Address:

2924 Del Prado

Enter Florida street address

Cape Coral

City

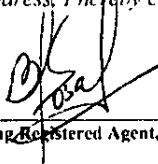
Florida

33904

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.



Balmy's O. Sosa Rodriguez

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	Cynthia Vanessa Varela	2924 Del Prado	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Belen O Sosa Rodriguez	2924 Del Prado	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

08/28/2015

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Cynthia

Vanessa

Narek

Typed or printed name of signee