

L14000150116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

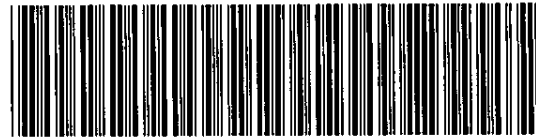
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900268701489

01/27/15--01027--022 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 JAN 27 PM 12:16
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 JAN 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mi Cielo Lindo Mexican Restaurant, 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:

Eva E. Rehfeldt
Name of Person

Firm/Company

1840 N Monroe St
Address

Tallahassee, FL 32303
City/State and Zip Code

cielolindorestaurant@hotmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva Rehfeldt at (850) 694-9328
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

FILED
15 JAN 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Mi Cielo Lindo Mexican Restaurant 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 12/08/2014 and assigned
Florida document number L114000150116

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED
15 JAN 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Maria E. Soto-Vaca

New Registered Office Address:

944 SOUTHWOOD DR
Enter Florida street address

Tallahassee
City

Florida

32308
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.

Maria E. Soto-Vaca

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	Eva E. REHFELDT	638 Muriel CT Tallahassee, FL 33303	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	-----------------	--	--

AMBR	Maria E Stovaca	944 Sootwood Dr Tallahassee, FL 32308	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

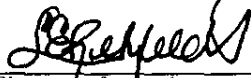
FILED
JUN 27 PM 12:07
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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: _____ (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 January 27, 2015



Signature of a member or authorized representative of a member

Eva Rehfeld

Typed or printed name of signee

FILED
15 JAN 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA