

L14000175163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2014
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRUMBS CAFE 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:

OSMEL LOPEZ FONS

Name of Person

Firm/Company

9400 West Flagler St Apt 410

Address

Miami, FL 33174

City/State and Zip Code

crumbscafe01@yahoo.com

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

For further information concerning this matter, please call:

Osmel Lopez Fons

305 747-2010

Name of Person

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 DEC 18 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 5, 2014

OSMEL LOPEZ FONS
9400 W FLAGLER ST
APT 410
MIAMI, FL 33174

SUBJECT: CRUMBS CAFE, LLC
Ref. Number: L14000175163

We have received your document for CRUMBS CAFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 514A00025684

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CRUMBS CAFE 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 11/12/2014

Florida document number L14000175163

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1607 Ponce De Leon Blvd Suite 108

Coral Gables, FL 33134

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:

Osmel Lopez Fons

New Registered Office Address:

9400 West Flagler St Apt 410

Enter Florida street address

Miami

, Florida 33174

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

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TALLAHASSEE, FLORIDA

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>
<u>Member</u>	<u>Osmel Lopez Fons</u>	<u>9400 West Flagler St Apt 410</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33174</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Marco E Aguirre</u>	<u>9400 West Flagler St Apt 410</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33174</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>ALFONSO, LISBET</u>	<u>9400 West Flagler St Apt 410</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33174</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Alejandra Laura Parodi</u>	<u>9400 West Flagler St Apt 410</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33174</u>	<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

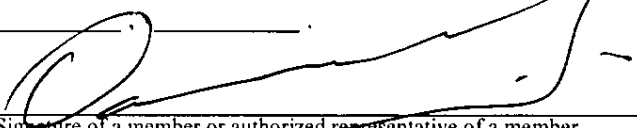
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 11-19-2014


Signature of a member or authorized representative of a member

OSMEL LOPEZ FONS
Typed or printed name of signee

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14 DEC 18 AM 11:05
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TALLAHASSEE, FLORIDA