

MAR/23/2015/MON 10:24 AM  
3/23/2015

L14000189339

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000072036 3)))



H150000720363ABCY

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15 MAR 23 AM 10:00

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RUSTICO DELI, BAKERY AND COFFEE BAR, LLC

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March 23, 2015

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE Division of Corporations

SUBJECT: RUSTICO DELI, BAKERY AND COFFEE BAR, LLC  
REF: L14000189339

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

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RECEIVED  
15 MAR 23 AM 10:00  
BUREAU OF COMMUNICATIONS  
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MAR/23/2015/MON 10:24 AM

FAX No.

FILED P. 004

2015 MAR 23 AM 9:44

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RUSTICO DELI BAKERY AND COFFEE BAR, 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 12/11/14 and assigned  
Florida document number L14000189339.

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)

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:

RUTH L. LOPEZ RODRIGUEZ

New Registered Office Address:

8036 SPENDTHRIFT LN

Enter Florida street address

PORT ST. LUCIE

Florida 34986-0000

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 603, 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 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

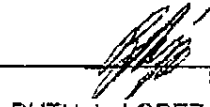
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ENEIDA ALCOVER	191 SW NATIVITY TERRACE	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34984	<input checked="" type="checkbox"/> Remove
MGRM	OSVALDO TORRES	191 SW NATIVITY TERRACE	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34984	<input checked="" type="checkbox"/> Remove
MGR	RUTH L. LOPEZ	8036 SPENDTHRIFT LN	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Remove
		50%	
MGRM	HUMBERTO A. TORRES	191 SW NATIVITY TER	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Remove
		50%	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

PLEASE INCLUDE EIN#47-2543094

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 MARCH 11TH 2015



Signature of a member or authorized representative of a member

RUTH L. LOPEZ RODRIGUEZ

Typed or printed name of signer

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