

LS00001336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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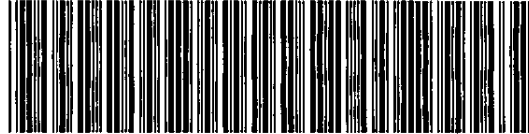
(Business Entity Name)

(Document Number)

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SECRETARY REGISTAR
TALLAHASSEE FLORIDA

2015 APR 13 AM 10:52

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CLERK

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MIAMI BARTENDING ACADEMY 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:

SAMUEL GONZALEZ

Name of Person

MIAMI BARTENDING ACADEMY LLC

Firm/Company

10 SW SOUTH RIVER DR. APT 701

Address

MIAMI, FL 33130

City/State and Zip Code

sambgonb@hotmail.com

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

For further information concerning this matter, please call:

BEATRIZ REYES

Name of Person

at **786** ()

Area Code

4436107

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

STATE OF FLORIDA
TALLAHASSEE

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

MIAMI BARTENDING ACADEMY 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 04/08/2015 and assigned
Florida document number L15000061336.

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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>
AP	SAMUEL BONIEK		<input type="checkbox"/> Add
		10 SW SOUTH RIVER DR 701	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
AP	NARAYANA DEVARSI		<input type="checkbox"/> Add
		10 SW SOUTH RIVER DR 701	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
AP	RICHARD ALBANO		<input type="checkbox"/> Add
		10 SW SOUTH RIVER DR 701	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
MGR	SAMUEL GONZALEZ	10 SW SOUTH RIVER DR 701	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
MGR	NARAYANA PENA	10 SW SOUTH RIVER DR 701	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
MGR	RICHARD ALBANO	10 SW SOUTH RIVER DR 701	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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 APRIL 09, 2015

Samuel Gonzalez

Signature of a member or authorized representative of a member

SAMUEL GONZALEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA