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| (Requestor's Name) |
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| (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: |
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| SUBJECT: | estaurant Bar & Grill, LLC | | |
|----------------------------|---|---|--|
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Maynor Calidonio | | |
| | | Name of Person | |
| | La Cieba Restaurant Bar & | Grill, LLC | |
| | | Firm/Company | |
| | 815 W Flagler St | | |
| | | Address | |
| | Miami, FL 33130 | | r |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) . |
| For further information of | concerning this matter, please ca | all: | |
| Maynor Calidonio | | | |
| Name o | of Person | at () Area Code Daytimo | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ S25.00 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) |
| Regist Divisio | ING ADDRESS: ration Section on of Corporations 30x 6327 | STREET/COURI Registration Sectio Division of Corpor Clifton Building | n |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Cieba Restaurant Bar & Grill 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 $\frac{03/05/2019}{}$ and assigned Florida document number L15000094635 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: 815 W Flagler St, Miami, FL 33130 (Principal office address MUST BE A STREET ADDRESS) 815 W Flagler St. Miami, FL 33130 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: Maynor Calidonio Name of New Registered Agent: 815 W Flagler St New Registered Office Address: Enter Florida street address Miami

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|--|-----------------|
| MGR | Ivania Castro | 12048 Miramar Parkway | |
| | | | |
| | | Miramar, FL 33025 | _ |
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| | | | □ Change |
| | Maynor Calidonio | 815 W Flagler St | Change |
| MGR | | and the state of t | Add |
| | | Miami, FL 33130 | |
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| (optional) filing or more than 90 days after filing.) Pursuant to 60 tory filing requirements, this date will not be lis |

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Filing Fee: \$25.00