

L1500009775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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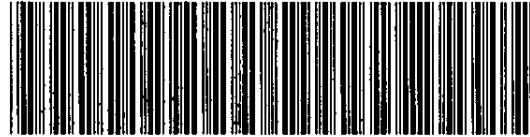
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 MAR 18 PM 1:55

MAR 21 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAIRES ON WHEELS, 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:

Luis A. Acuna

Name of Person

Firm/Company

10130 NW 13 Street

Address

Plantation, Florida 33322

City/State and Zip Code

cachumba10@hotmail.com

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

For further information concerning this matter, please call:

Luis A. Acuna

Name of Person

at

(786)

Area Code

399.1061

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
16 MAR 19 PM 1:55

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

BAIRES ON WHEELS, 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 June 3, 2015 and assigned
Florida document number L15000097755.

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:

(Principal office address MUST BE A STREET ADDRESS)

10130 NW 13 Street

Plantation, Florida 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10130 NW 13 Street

Plantation, Florida 33322

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:

1900 S TREASURE DR APT 8 "U"

Enter Florida street address

MIAMI BEACH

City

Florida

33141

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	LUIS A. ACUNA	10130 NW 13 ST PLANTATION	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10130 NW 13 ST
PLANTATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 18 PM 1:55

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 15 2016

[Signature]

Signature of a member or authorized representative of a member

LUIS A. ACUNA

Typed or printed name of signee