L15000/20182

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SELONG FARY OF STATE
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TALL MIASSEE, FLORID

COVER LÉTTER

Div	ision of Corpo	orations		
SUBJECT:		RLANDO LLC		
		Name of Limit	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter t	o the following:	
		ANGELICA A. CONTRER	RAS RIVAS	
			Name of Person	
		LA CHEF ORLANDO LLO	С	
			Firm/Company	
		11452 CITRA CIRCLE AP	PT 305	me Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
			Address	
		WINDERMERE, FL 34786	5	
			City/State and Zip Code	
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: ANGELICA A. CONTRERAS RIVAS Name of Person LA CHEF ORLANDO LLC Firm/Company 11452 CITRA CIRCLE APT 305 Address WINDERMERE, FL 34786 City/State and Zip Code BEST.TEAM.ORL3@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: A A. CONTRERAS RIVAS Name of Person A Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy) (certified Copy (certified Copy) (certified Copy)			
		E-mail address: (to	o be used for future annual report notifice	ation)
For further in	nformation con	cerning this matter, please ca	II:	
ANGELICA	A. CONTRE	RAS RIVAS		
Name of Person		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: ANGELICA A. CONTRERAS RIVAS Name of Person LA CHEF ORLANDO LLC Firm/Company 11452 CITRA CIRCLE APT 305 Address WINDERMERE, FL 34786 City/State and Zip Code BEST.TEAM.ORL3@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: TRERAS RIVAS of Person Area Code Daytime Telephone Number the following amount: \$\Begin{array} \text{\$\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Certificate of Status & Certified Copy (additional copy is enclosed)		
Enclosed is a	check for the	following amount:		
■ \$ 25.00 F	iling Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

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

FILED

2015 DEC 14 AM 8: 57

SECKETARY OF STATE TALLAHASSEE, FLORDA

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(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 Florida document number	were filed on $\frac{07/13/201}{}$	5 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	7241 STILL POND LA	ANE	
Florida document number L15000120182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited limi	WINDERMERE, FL 34786		
Enter new mailing address, if applicable:	7241 STILL POND LA	NE	
• • • •	WINDERMERE, FL 34	4786	
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		records, enter the name of the	
New Registered Office Address:			
	Enter Florida stree	at address	
 		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	

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>	Address	Type of Action
MGR	JUSTO RENEIRO CONTRERAS I	11452 CITRA CIRCLE APT 305	□ Add
		WINDERMERE, FL 34786	■ Remove
			Change
MGR	MARIA A. RIVAS DE CONTRER	11452 CITRA CIRCLE APT 305	
		WINDERMERE, FL 34786	■ Remove
			☐ Change
MGR	RENEIRO JAVIER CONTRERAS	11452 CITRA CIRCLE APT 305	
		WINDERMERE, FL 34786	Remove
			Change
MGR	ANGELICA A CONTRERAS RIVAS	7241 STILL POND LANE	Add
		WINDERMERE, FL 34786	Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			☐ Change

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Note: 1	re date, if other than the date of filing: ctive date is listed, the date must be specific and cat f the date inserted in this block does not meant's effective date on the Department of States.	t the applicable statutory	or more than 90 days after filing.) filing requirements, this date w	Pursuant to 605.0207 (vill not be listed as t	(3)(b) the
the rec	ord specifies a delayed effective dat 90th day after the record is filed.	e, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of:	:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00