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COVER LETTER

	gistration Se ision of Co			
SUBJECT:	Tu Candela	a Bar LLC		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Mauricio Villafanez		
			Name of Person	
		Tu Candela Bar LLC		
			Firm/Company	
		175 SW 7th Street Suite 2	1115	
			Address	
		Miami, FL 33130		
			City/State and Zip Code	
		finsolcorp@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please c	all:	
Mauricio Vi	llafanez		954 330-8372 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tu Candela Bar LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on August 14, 2015	and assigned
Florida document number L15000139255		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		7 JUL 21
		# OF 2
Enter new mailing address, if applicable:		<u>G</u> [
(Mailing address MAY BE A POST OFFICE BOX)		
		PH 12: 0
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B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our records, <u>en</u>	ter the name of the nev
registered agent and/or the new registered office add	ress 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 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
AMBR	Mejia, Marlon B	175 SW 7th Street	
		Suite 2115	Remove
		Miami, FL 33130	□ Change
			☐ Remove
			☐ Change
AMBR	Mauricio Villafanez	175 SW 7th Street	Add ✓
		Suite 2115	Remove T
		Miami, FL 33130	Remove
		-	
			्रिक्र
			☐ Change
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			Change
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			□ Change

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Effective date, if other than the d	late of filing:		(option	al)	00.40.4
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	ck does not meet the appl	icable statutory fili			
the record specifies a delayed) The 90th day after the reco		ot an effective	time, at 12:01 a.r	n. on the earlier o	of:
Dated	2017				
	Mist	5/4	ن		

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Typed or printed name of signee

Filing Fee: \$25.00