

L15000168366

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 29 A 9:52

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OCT 30 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miguelo's Cafe & Bar 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:

Angela Polanco.
Name of Person

Organized Professional Services.
Firm/Company

2542 Simpson Road
Address

Lissimnee Fl. 34744
City/State and Zip Code

Organizedproservices@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Polanco. at (407) 844-0670
Name of Person Area Code 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Miguel's Cafe & Bar L.L.C.
(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 10/02/2015 and assigned Florida document number L15000168366.

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)

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:

Angela Polanco

New Registered Office Address:

2542 Simpson Road
Enter Florida street address

Kissimmee
City

Florida

34744
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

Title Name Address Type of Action

President
owner
MGR. Miguel A. Alicea 169 Owenshire Circle Add
Lissimnee, FL 34744.

Remove

Change

Vicepresident
MGR Myrna L Rolon 169 Owenshire Circle Add
Lissimnee, FL 34744.

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

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

When filling the system kept giving me an ERROR and would kick me off. When I was finally able to fill it saved the wrong information on each person. Please update and if you have any questions feel free to contact me.

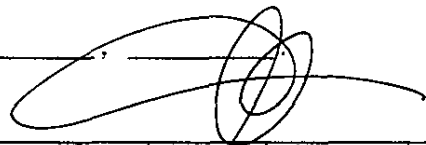
Thank you.
Angela

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TALLAHASSEE, FLORIDA

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 10/20/2015



Signature of a member or authorized representative of a member

Angela Polanco
Typed or printed name of signee