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PICK-UP WAIT MAIL
(Business Entity Name)
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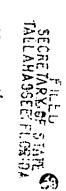
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COVER LETTER

	egistration Se- ivision of Cor			
Cubicat		RESTO CAFFE LLC		
SUBJECT	:	Name of Limite	ed Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please retu	rn all correspo	ndence concerning this matter to	the following:	
		JUAN MANUEL ANGARI	ТА	
			Name of Person	
		FIUSZION RESTO CAFFE	LLC	
			Firm/Company	·
		916 N 26TH AVE		
			Address	
		HOLLYWOOD, FL 33020		
			City/State and Zip Code	
		jm_angar@hotmail.com		
		E-mail address: (to	be used for future annual report no	tification)
For further	information co	oncerning this matter, please call	:	
Harold Le	iva		786 359 8965 at ()	
	Name of	Person		ne Telephone Number
Enclosed is	s a check for th	e 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)
		NG ADDRESS:		HER ADDRESS:
		ation Section n of Corporations	Registration Secti Division of Corpo	
	P.O. Bo		Clifton Building	лация
		ssee, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIUSZION RESTO CAFFE		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 16 2015	and assigned
Florida document number L15000193237		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "ELC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		. 89
• • •		₩ Arg
(Principal office address MUST BE A STREET ADDRESS)		<u></u> <u>-a 8</u> €
		28
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
The Wittegistered Office Pladress.	Eruer 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 agra	ee to act in this capacity. I further ago	ree to comply with the

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 Type of Action <u>Title</u> , Address Name VP HAROLD LEIVA 916 N. 26St. Hollywood FL 33020 **■** Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change

FUISZION RESTO CAFFE LL	C HAS 2 MEMBERS OF	PARTNERSHIP (JUAN :	MANUEL ANGARITA AN	≬ D
HAROLD LEIVA) ON WHICH	I EVERY SINGLEONE	WILL BE ENTITLE OF T	HE 50% OF THE REVENU	JE
OF THE BUSINESS.				
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record specifies a delayed e he 90th day after the record		t an effe c tive time, a	: 12:01 a.m. on the ea	arlie
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HAROLD LEIVA				

Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIUSZION RESTO CAFFE	1			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as da Limited Liabili	t now appears on our records. y Company))	
The Articles of Organization for this Limited Liability Florida document number L15000193237	Company were	filed on NOVEMBER 1620	and ass	igned
This amendment is submitted to amend the following:	1			
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 "Lis	mited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		_	200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office dress here:	address on our records,	enter the name	AHA9SEET FLOS DI the
Name of New Registered Agent:				
	:			
New Registered Office Address:		Enter Florida street address		
		, Flor	rida	
		City	Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	complete perf agent as prov red office add	ormance of my duties, and ided for in Chapter 605, F	d Lam familiar wi E.S. Or, if this doci	th and ument is

Page 1 of 3

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 Address Type of Action Title Name HAROLD LEIVA 916 N. 26St Hollywood FL 33020 VP **■** Add ☐ Remove ☐ Change D Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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etive date, if other than the date of filing: (Optional) (Rective 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 6. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records. Eccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early end of a filed. JANUARY 2ND 2018 JANUARY 2ND 2018		
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HAROLD LEIVA	Signature of a filember or authorize	d representative of a member
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