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S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tipico Cafe Latino 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:

Leslie Cirilo Marte  
Name of Person

\_\_\_\_\_  
Firm/Company

5316 San Sebastian way  
Address

Rockledge FL 32955  
City/State and Zip Code

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

For further information concerning this matter, please call:

Leslie Cirilo Marte at (321) 914-5282  
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

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

Tipico Cafe Latino 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 01/08/2016 and assigned  
Florida document number L16000006751.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Tipico Cafe Latino LLC

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)**

566 barton blvd ste 1  
Rockledge FL 32955

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

566 barton blvd ste 1  
Rockledge FL 32955

**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:

Leslie Cirilo Marte

New Registered Office Address:

566 barton blvd, site 1

Enter Florida street address

Rockledge

City

Florida

32955

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.*

Leslie C. Marte

**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	Jaquelina Romero	1034 Ormond Lane	<input type="checkbox"/> Add
		Apt 206 Rockledge, FL, 32955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
co-trustee	Anthony Romero	566 Barton Blvd St 1	<input type="checkbox"/> Add
		Rockledge, FL, 32955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

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