

216000090100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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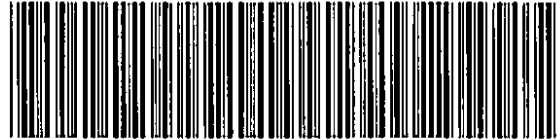
(Business Entity Name)

(Document Number)

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18 SEP -4 5:53

SEP 10 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA MORDIDA 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:

JACQUELINE ACEVEDO

Name of Person

SERVICES UNLIMITED

Firm/Company

22095 US HWY 19

Address

CLEARWATER, FL 3375

City/State and Zip Code

JBSLLC22095@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE ACEVEDO

727

645-2856

at (_____) _____

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**

18 SEP -11 PM 5:56

LA MORDIDA 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 05/09/2016 and assigned
Florida document number L16000090100.

This amendment is submitted to amend the following:

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

LA MORDIDA RESTAURANT BAR & GRILL 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:

14100 US HWY 19 N SUITE 114

(Principal office address MUST BE A STREET ADDRESS)

CLEARWATER, FL 33764

Enter new mailing address, if applicable:

SAME AS ABOVE

(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:

JASASTSA BUSINESS SERVICES LLC

New Registered Office Address:

22095 US HWY 19

Enter Florida street address

CLEARWATER

City

Florida 33765

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	NIEVES, DAVID A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		14100 US HWY 19 N SUITE 114 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Change
MGRM	DURANGO, DIANA M		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		14100 US HWY 19 N SUITE 114 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

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 AUGUST 30TH 2018

David A. Nieves
Signature of a member or authorized representative of a member

DAVID A. NIEVES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

18 2 1 2 5 5