16000 16	9.538
(Requestor's Name) (Address)	200332681272
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  .  (Business Entity Name) (Document Number)	08/12/1901010015 ++30.00
Certified Copies Certificates of Status	AUG 12 PH 2: 08 SECRETARY VERVICE MLLANHASSEE FLORUE
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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

### SUPER AREPA DORAL LLC

SUBJECT:

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:

JUAN J. HERNANDEZ

SUPER AREPA DORAL LLC

Firm/Company

Name of Person

2600 NW 87th AVE, SUITE 9

Address

DORAL, FL 33172

City/State and Zip Code

JUANJEHP@GMAIL.COM

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

786

Area Code

\_ at ( \_\_\_\_

3543404

Davtime Telephone Number

For further information concerning this matter, please call:

JUAN J. HERNANDEZ

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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

# 218 AUG 12 PH 2:08

SECKETARY OF STATE

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

· Para per la

20月 AUG	2 PM	2: 0:
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		AUG 12 PM 2:03
SUPER AREPA DORAL LLC		SEORETARY MANNATA
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recor ted Liability Company)	U.S. ALLARASSEE FLORID,
The Articles of Organization for this Limited Liability Compa		
Florida document number L16000169538		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
EPAREPA LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
For a second diversity of the block		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our record	ls, enter the name of the new
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida Zip Code
	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 addec or removed from our records:

### MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u> Gomez, Yda A.	<u>Address</u> 14306 SW 11TH ST	Type of Action
AMBR			Add
		Pembroke Pines FL 33027	Remove
			Change
MGR	Molero Leal, Mary C.	2600 NW 87th AVE. SUITE 9	₹
		DORAL FL 33172	C Remove
			Change
AMBR	Hernandez, Juan J.	2600 NW 87th AVE. SUITE 9	🗖 Add
		DORAL FL 33172	
			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.)

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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) <u>Note:</u> 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.

uly 22nd	2019
	Muduit >
	Signature of a member or authorized representative of a member
Juan J. Hernande	, <i>V</i>
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00