

L16000191397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke to Mr. Nelson add  
~~to~~ LLC instead Corp  
for suffix of name  
change 1/13/21

Office Use Only



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10/23/20--01038--011 \*\*25.00

2021 JAN 13 PM 1:21  
FILED  
CLERK OF COURT  
JAN 13 2021

FILED

FILED

O SIMMONS  
JAN 13 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2020

MARCOS RIQUELME  
300 GRANELLO AVE  
APT 959  
CORAL GABLES, FL 33146

SUBJECT: CUBA ESTA DE MODA ENTERTAINMENT LLC  
Ref. Number: L16000191397

We have received your document for CUBA ESTA DE MODA ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE ENCLOSED FORMS TO CHANGE FORM FLORIDA LLC TO FLORIDA CORPORATION

There is a balance due of \$80.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00024498

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CUBA ESTA DE MODA ENTERTAINMENT 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:

MARCOS AYALA RIQUELME

\_\_\_\_\_  
Name of Person

CUBA ESTA DE MODA ENTERTAINMENT LLC

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

300 GRANELLO AVE APT 959

\_\_\_\_\_  
Address

CORAL GABLES, FL 33146

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

MARCOS AYALA RIQUELME

at ( 786 ) 4940408

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CUBA ESTA DE MODA ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 JAN 13 PM 1:22

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/17/2020 and assigned  
Florida document number L16000191397.

This amendment is submitted to amend the following:

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

RIQUELME SERVICES 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:**

300 GRANELLO AVE APT 959

**(Principal office address MUST BE A STREET ADDRESS)**

CORAL GABLES, FL 33146

**Enter new mailing address, if applicable:**

300 GRANELLO AVE APT 959

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

CORAL GABLES, FL 33146

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter 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 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**

[illegible]

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

FILED

2021 JAN 13 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FL

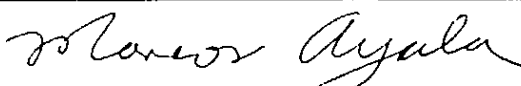
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 OCTUBER 22, 2020



Signature of a member or authorized representative of a member

MARCOS AYALA RIQUELME

Typed or printed name of signer