

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L16000292351

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : I20080000080
Phone : (305) 642-1090
Fax Number : (305) 642-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EXEC.ASST@ITALIANNIS.COM

RECEIVED
2016 NOV 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SABORES EDGEWATER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DIVISION OF CORPORATIONS
16 NOV 30 AM 8:12
FILED

(H160002925603)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SABORES EDGEWATER 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:

THARINE MORALES

Name of Person

Firm/Company

777 BRICKELL AVE STE 950

Address

MIAMI, FL. 33130

City/State and Zip Code

EXEC.ASST@ITALIANNIS.COM

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

For further information concerning this matter, please call:

THARINE J. MORALES

at (305) 961-1181

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SABORES EDGEWATER 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 11/02/2016 and assigned
Florida document number L16000202351.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

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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	MIAMI FOOD VENTURES LLC	777 BRICKELL AVE STE 950	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33131	<input type="checkbox"/> Remove
			<input 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"/> Change

DIVISION OF REGISTRATION
16 NOV 30 AM 12:12
Change
Add
Remove
Change

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