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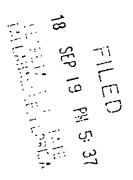
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COVER LETTER

TO: Registration Section Division of Corpo			
SOUTH CRE	EPES LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	CARLOS VARGAS		
		Name of Person	
	SOUTH CREPES LLC		
		Firm/Company	
	143 NW 144TH ST		
		Address	
	MIAMI FL 33168		
	carvar618@hotmail.com	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notific	ration)
For further information con	cerning this matter, please ca	ll:	
CARLOS VARGAS		786 473-6062	
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25,00 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

SOUTH CREPES LLC		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04-14-2017	and assigned
Florida document number L17000010264	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	.
	سب ترخ	· 6
The new name must be distinguishable and contain the words "L	imited Liability Company." the designation "LLC" or the i	breviatiba v.L.C."
Enter new principal offices address, if applicable:	•	70 5
Principal office address MUST BE A STREET ADI	DRESS)	F 0
		5
		분는 일
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or regregistered agent and/or the new registered office ag		the name of the no
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

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREA SANTANDER	143 NW 144TH ST MIAMI FL 33168	
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			Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or me	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or most. If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0.
iment's effective date on the Department of State's records.	· •
ecord specifies a delayed effective date, but not an effective ti	mo at 13:01 a m on the earlier
ecord specifies a delayed effective date, but not an effective ti ne 90th day after the record is filed.	me, at 12:01 a.m. on the earlier
od O9 September	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00