## 17000057500

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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: CAFETER	IA LAS PIERAS , LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN CARLOS ALDAN	A MESIAS	
		Name of Person	<del>,</del>
	CAFETERIA LAS PIEDR	AS LLC	
		Firm/Company	
	330 EAST 9 TH ST UNIT	106	
		Address	
	HIALEAH FL 33010		
	<del></del>	City/State and Zip Code	
	JUANCARLOSALDANA8	<del>-</del>	
	E-mail address: (	to be used for future annual report	notification)
For further information co	oncerning this matter, please ca	all:	
JUAN CARLOS ALDA	NA MESIAS	786 7127307	•
Name o	Person		ytime Telephone Number
Enclosed is a check for th	e 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 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPETERIA LAS PIEDRAS LLC	lie. C.		
(A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 03/13/2017  Florida document number L17000057500			igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.)	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)		<u> </u>	
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	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			<del>(17)-</del>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		<u>he name e</u>	of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>	, Florida		
	City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

CAPETERIALACRIPORACIAC

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>	Address	Type of Action
MGR	JUAN CARLOS ALDANA MESIAS	330 EAST 9 TH ST UNIT 106	
		HIALEAH FL 33910	
			■ Remove
			☐ Change
MGR	DAMIAN PORTAL	330 EAST 9 TH ST UNIT 106	<b>8</b> . / :
		HIALEAH FL 33010	B Add
			Remove
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Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the fi	e date of filing: st be specific and cannot lock does not meet the	applicable statutory	g or more than 90 days after	t <b>ional)</b> er filing.) Pursuant to 60 iis date will not be lis	05.0207 sted as t
ne record specifies a delaye The 90th day after the rec	d effective date, boord is filed.	out not an effect	ive time, at 12:01	a.m. on the earl	ier of:
JULY . 05	2019				
Dated					
Dated JULY , 05	Signature of a member				