L17000062292

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
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AUG 31 2020 S. YOUNG

COVER LETTER

Tallahassee, FL 32314

	Registration Sec Division of Corp				
		CITO RESTAURANT LLC			
SUBJEC	SUBJECT: Name of Limited Liability Company				
The encl	losed Articles of A	Amendment and fee(s) are subir	nitted for filing.		
Please re	eturn all correspor	ndence concerning this matter to	o the following:		
		MARGARITA GONZALEZ	Z		
			Name of Person		
		JMGP MULTISERVICES I	INC C/O MY CONUKITO RESTAURANT		
		-	Firm Company		
		1099 NW 119TH ST			
			Address		
		NORTH MIAMI FLORID	A 33168		
			City/State and Zip Code		
		MARIVAN1331@GMAIL.			
		E-mail address: ()	to be used for future annual report notification)		
For furt	ther information c	oncerning this matter, please ca	aR:		
MARGARITA GONZALEZ		LEZ	305 4692498 at ()		
	Name o	nt Person	Area Code Daytime Telephone Number		
Enclose	ed is a check for t	he following amount:			
■ S2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	of Status &	
	<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section		
		Corporations	Division of Corporations The Centre of Tallahassee		
	P.O. Box 63 Tallahassee.		2415 N. Monroe Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MT content o kills moral in 1850		
(Name of the Limited Liability C	Company as it now appears on our recor- nited Liability Company)	<u>ds.</u>)
(A Florida Lin	nited Liability Company)	٠- ا
The Articles of Organization for this Limited Liability Com Florida document number L17000062292	pany were filed on 03/21/2017	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability 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 ADDRES	<u> </u>	
	_	
		_
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records. <u>ent</u> e	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	,	FloridaZip Code
	City	r.yr cour

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

MY CONDRITO RESTAURANT LLC

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 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
AMBR	MANUEL DE JESUS CHARLES	1080 NW 124TH STREET, MIAMI FL 33168	
			□Remove
			= Change
			□Remove
			Change
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			Change
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			Change
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			□Remove
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Effective date, if other than the	date of filing:			(optional)	
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bloom	be specific and cannot be	prior to date of filin	g or more than 90 day v filing requiremen	s after filing.) Pursuant t ts, this date will not b	e 605.020 e listed a
Note: If the date inserted in this ord document's effective date on the De	partment of State's rec	oords.	,		
					<u> </u>
e record specifies a delayed effectiv rd is filed.	: date, but not an effec	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	atter the
Dated	2020				
Dated					
400 a	Signature of a member of	colo	ne cu	۸	
	Circulation of a morphor o	ir sauthariyed rebfesi	many cora member		
	Signature of a memoer (, uninonized representation			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		7020
MY CONUKITO RESTAURANT LLC		
(Name of the Limited Liability Com	ipany as it now appears on our records.) ed Liability Company)	• (==
(A) forda Entitle	a Zidomiy Company)	. 21
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/21/2017	and assigned
Florida document number L17000062292		٠.,
Torrida document names.		
This amendment is submitted to amend the following:		_
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
_		
(Mailing address MAY BE A POST OFFICE BOX)		<u>, </u>
B. If amending the registered agent and/or registered offi	ce address on our records, enter the	name of the new register
agent and/or the new registered office address here:		
activated of the new regions		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
	Enter r torida street address	
	, Floric	da _
	Cuv	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MANUEL DE JESUS CHARLES	1080 NW 124TH STREET, MIAMI FL 33168	
			□Remove
			Change
			ZAdd
			□Remove
			TChange
			□Remove
			□Remove
			Change
			□Remove
			TChange
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: ___ (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. 2020 Dated ____

.....

Signature of a member or authorized representative of a member

Typed or printed name of signee

YOSAHIRA COLEMAN