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S. WARREN NOV 0 3 2017

COVER LETTER

	gistration Sec ision of Corp					
OLID IDÆT		A FOOD SERVICE LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		YANEIRA CARDENAS				
		19P.	Name of Person			
			Firm/Company			
		8899 NW 107 CT				
		···	Address			
		DORAL FL 33178				
			City/State and Zip Code			
		YANEIRA1569@HOTMA				
		E-mail address: (to be used for future annual report notifi	cation)		
For further i	nformation co	ncerning this matter, please co	all:			
YANEIRA	CARDENAS		786 543-0434 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e following amount:				
■ \$ 25.00 I	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 ARTICLES OF ORGANIZATION **OF**

LA GUACA FOOD SERVICE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000107604		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	665 BRAKERS AV	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE FL 33304	
Enter new mailing address, if applicable:	8899 NW 107 CT	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33178	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter the name of the new</u> e:	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		

<u>:</u>

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>	<u>Address</u>	Type of Action
MGR	CARMELO PETIT	1625 DAYTONIA RD	
		МІАМІ ВЕАСН	Remove
			Change
MGR	MARCOS REYES	8899 NW 107 CT	Add
		DORAL FL 33178	□ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			Change
			Remove 17 17 18 19 19 19 19 20 20 20 20 20 20 20 20 20 2
			PH D PH D Change

	enter change(s) here: (Attach additional sheets, if	, 1
		
 		
		
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ective date, if other than the date	e of filing: (pecific and cannot be prior to date of filing or more than 90 days	optional)
te: If the date inserted in this block do nument's effective date on the Depart	does not meet the applicable statutory filing requirements ment of State's records. ective date, but not an effective time, at 12:	s, this date will not be listed as
	2017	
ed SEPTEMBER 20,	··································	
	29P.	
Sign	ature of member or authorized representative of a member	
YANEIRA CARDENAS		FIL NOV -2
	Typed or printed name of signee	27.1
	Page 3 of 3	2: 12 STATE LORID:
		₩ ~

Filing Fee: \$25.00