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J. LEGGETT

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: La Emba Jada Colombiana Rostavrant, UC 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:  |
| Claudia Zumbruno Name of Person  |
| ia Embajuda Colombiana Ristaurant Firm/Company   |
| 18400 NW 75 PL SVHC 113  |
| thulean, FL 33015 City/State and Zip Code  |
| 14 embusadu Colombiana Pl Styviant Q gmail. (0) E-man address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Claudia Zambrani at (186) (30 - 8293 Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \{ \text{Certified Copy} \\ (additional copy is enclosed)} \]  \$\Bigcup \{ \text{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

| The Articles of Organization for this Limited L. Florida document number $\vec{l}$ 1 $\rightarrow$ 000 $l \leq$   | iability Company<br>チタミカ                                  | were filed on $\frac{17}{100}$               | 34/17                             | and a                       | ssigned                                      |
|---|---|--|-----------------------------------|-----------------------------|--|
| This amendment is submitted to amend the foll   |   |  |                                   |                             |  |
|   | _   |  |                                   |                             |  |
| A. If amending name, enter the new name o   | f the limited liab  | ility company here:                          |                                   |                             |  |
| The new name must be distinguishable and contain the v  | vords "Limited Liabi                                      | ity Company," the designa                    | tion "ELC" or the a               | ıbbreviation                | L.L.C.;                                      |
| Enter new principal offices address, if applic  | able:   |  |                                   | JAS<br>L.:                  | = -  |
| (Principal office address MUST BE A STREE   |   |  |                                   |                             |  |
|   |   |  |                                   | <del></del>                 |  |
|   |   |  |                                   |                             | 7  |
| Enter new mailing address, if applicable:   |   |  |                                   | <u> </u>                    | 3-11   |
| (Mailing address MAY BE A POST OFFICE   | BOX)  |  |                                   |                             | <u>-                                    </u> |
|   |   | <del></del>                                  |                                   |                             |  |
| B. If amending the registered agent and registered agent and/or the new registered or   |   |  | records, enter                    | the name                    | of the new                                   |
| Name of New Registered Agent:   | AdolFo  | Zambrar                                      | 0                                 |                             |  |
| New Registered Office Address:  | 18400   | Zambrur<br>Nw 75 plú<br>Enter Florida su     | SOFE<br>[1] # [<br>eet address    | 13                          |  |
|   |   | aleah _                                      |                                   |                             | 15   |
| New Registered Agent's Signature, if changing l   | Registered Agent:   | •  |                                   |                             |  |
| I hereby accept the appointment as registere<br>provisions of all statutes relative to the prop<br>accept the obligations of my position as regi<br>being filed to merely reflect a change in the<br>company has been notified in writing of this | er and complete<br>stered agent as p<br>registered office | performance of my d<br>provided for in Chapt | uties, and Lam<br>er 605, F.S. Or | familiar w<br>. if this doc | ith and  <br>:ument is                       |

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If Changing Registered Agent, Signature of New Registered Agent

| MGR = M<br>AMBR = A | anager<br>uthorized Member |   | ;                          |
|---------------------|----------------------------|---|----------------------------|
| <u>Title</u>        | <u>Name</u>                | Address   | Type of Action             |
| MGR                 | Claudia M. Zambi           | runo 18400 NW 75 pc<br>svite 113<br>Hialean, Fl 33015 | Add                        |
|                     |                            |   | Change                     |
| MAR                 | Adolfo Zambrano            | <u>18400 NW 75 pl</u><br>Suite 113 Hialean, Fl        | □/Add<br>33015<br>□ Remove |
|                     |                            | <del></del>   | Change                     |
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| <b>ective date, if oth</b><br>reffective date is liste | er than the date of the date of the date must be spe | of filing:<br>ecific and cannot! | oe prior to date o | t filing or more th | (option<br>an 90 days after fi | ( <b>al</b> )<br>ling.) Pursuant to | 605.02                                       |
| <u>te:</u> If the date inse                            | rted in this block do                                | es not meet the                  | applicable stat    | utory filing req    | uirements, this c              | late will not be                    | listed a                                     |
| cument's effective                                     | date on the Departm                                  | ient of State's re               | coras.             |                     |                                |                                     |  |
|  |  |                                  |                    |                     |                                |                                     |  |
|  | s a delayed effe<br>ter the record is                |                                  | ut not an ef       | fective time,       | at 12:01 a.i                   | m. on the ea                        | rlier  |
| ne sour day ar   | ter the record is                                    | , inca.                          |                    |                     |                                |                                     |  |
| and Janua  | 9  | .) <sub>^</sub>                  | 10                 |                     |                                |                                     |  |
| ded Januar   | 9 1  | <i>QU</i>                        | 18.                |                     |                                |                                     |  |
|  | <i>y</i>   | _                                | 1/11               | $\alpha$            |                                |                                     |  |
|  |  | ure of a member                  | 11/1/1/1/1/        | 1 7                 |                                |                                     |  |

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Filing Fee: \$25.00