# L17000244319

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	 Phone #)
PICK-UP WA	iT MAIL
(Business Enti	h/ Name)
(Business End	y Name,
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:
Yor	<b>&gt;</b>

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SEP 1 5 2020 S. YOUNG



2017 CER 1: 50

Letter Number: 920A00016074

### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2020

ROBERT OCTELA ROBERT OCTELA LLC 12962 SW 284TH TERRACE MIAMI, FL 33033

SUBJECT: ROBERT OCTELA LLC

Ref. Number: L17000244319

We have received your document for ROBERT OCTELA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

www.sunbiz.org

D O DOW 000F # U 1

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Robert Octela LI	LC ·	
SCBJECT.	Name of Limited Liability Company	<u> </u>
The enclosed Articles of Amendment and the Please return all correspondence concerning		
	Robert Octela	
	Name of Person	
	Robert Octela LLC	
	Firm Company	,
	12962 SW 284th Terr Ho Address 33033 City State and Zip Code	
	Chefrobertoctela@g	mail.com
E-	mail address; (to be used for future annua	l teport hotification)
For further information concerning this ma	tter, please call:	
Robert Octela	<u>ar (</u> 786 )	495 5615
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount	unt:	
US25.00 Filing Fee ✓ S30.00 Filing Certificate	ng Fee & Cortified Copy tadditional copy is cr	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

33

	ROBERT OCTELA LLC	<u>يت يتو</u>	
(Name of the Limited	Liability Company as it now appear Visionica Limited Liability Company)	rs on our records.)	SE II
t.	Crionica Chimied thabinty Company)	1. u. 3. u.	
The Articles of Organization for this Limited Liab	bility Company were filed on	11/ 29/2017	and assigned
Florida document number <u>L17000244319</u>	·	<u> </u>	
		ें इं	<u> </u>
This amendment is submitted to amend the follow	kiuā:	•	Ell o
A. If amending name, enter the new name of t	he limited liability company h	ere:	
Chef Rob Octela LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the c	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	.4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B)	OX)		
1	<u> </u>		
			-
B. If amending the registered agent and/or reg	eistered office address on our r	ecords, enter the nam	e of the new registered
agent and/or the new registered office address		111111111111111111111111111111111111111	
Name of New Registered Agent:	Robert Dezange Octe	la	
New Registered Office Address:	12962 SW 284th Ter	rida street address	
	Homestead	, Florida	33030
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR = Aut	horized Member		
Title	Name	Address	Type of Action
			1 JAdd
			Remove
			1 1 Change
	<u>.</u>		[ ]Add
			ClRemove
			[ ]Change
			[ ]Add
			[.]Remove
			. lChange
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			, }Remove
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tina data if atl	on than the date of fi	lina:		(optional)
ffective date is listed. If the date inse	ner than the date of filed, the date must be specificed to this block does not date on the Department of	and cannot be prior to date of file of meet the applicable statute	ing or more than 90 da	ys after filing.) Pursuant to 605.

Signature of a member or authorized representative of a member