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COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	CAFE N	MINAS LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Victo	ria Magalhaes Name of Person	STOR	· 6 平
		E MIUAS LLC Firm/Company	MASSEE.	FILED # 9: 33
	1680 W.	Hillsboro Blvd Address	FLORIUA	4 9: 33
	<u>Deerfield</u>	bCh. FL 334 City/State and Zip Code	42	
	CafeMin E-mail address: (OS LLC O gmail · Co	fication)	
For further informatio	n concerning this matter, please co	all:		
Victoria	Magalhaes ne of Person	at (305) 988 Area Code Daytim	8977 e Telephone Number	
Enclosed is a check fo	or the following amount:			
\$25,00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	
	Mana a Rabana			

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

CAFE MINA		
(<u>Name of the Limited Liability Com</u> (∧ Florida Limite	ipany as it now appears on our records. ad Liability Company)	.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1800009201</u> .	ny were filed on ALLWIS	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		E E T
Enter new mailing address, if applicable:		13 M 9: 33 SEE FLORID
(Mailing address MAY BE A POST OFFICE BOX)		
B: If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	Cuy	Zip Coxle

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 Type of Action <u>Title</u> Address Name MGR/ Jessie Cadrict 1680 W. Hillsboro Blud Dearfield beach FL 33. AMBR □ Remove _□ Change \square Add _□ Remove _□ Change □ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove

____ Change

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n eflo <u>te:</u> l	the date, if other than the date of filing: \(\frac{11018}{10018}\) (optional) (optional) etive 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 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in its effective date on the Department of State's records.
reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 30th day after the record is filed.
ted_	11/7/18
	tou !

Page 3 of 3

Filing Fee: \$25.00