

118000038056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

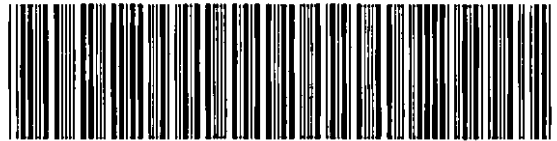
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600316463956

08/08/18--01006--018 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -3 PM 3:42

N COOPER

AUG 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIVE CAFE RESTAURANTE LLC

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:

ADRIANA MARCELA, CORTES LAMUS

Name of Person

Firm/Company

48 EAST FLAGLER ST M-35

Address

MIAMI, FL 33131

City/State and Zip Code

marcortes.02@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA MARCELA, CORTES LAMUS

786 8578313
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
TO
ARTICLES OF ORGANIZATION
OF**

VIVE CAFE RESTAURANTE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/12/2018 and assigned
Florida document number L18000038056.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -3 PM 3:42

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIANA M CORTES LAMUS	234 NE 46 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	CLAUDIO N MANRIQUE GONZ.	253 NE 2ND STREET APT 2205	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	MANUEL ZAMBRANO	48 EAST FLAGLER ST M-35	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	RUBEN MOLINA	48 EAST FLAGLER ST M-35	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	WILLIAM VARGAS	48 EAST FLAGLER ST M-35	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION OF CONSUMER AFFAIRS
18 AUG -3 PM 3:42

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -3 PM 3:42

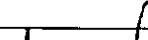
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

2018

2018



Signature of a member or authorized representative

LIBRANO

Signature of a member or authorized representative of a member

MANUEL ZAMBRANO

Typed or printed name of signee