L18000158799

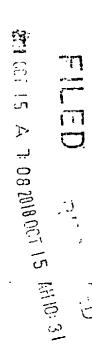
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300319230603

10/17/18--01008--006 **25.00



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	BIG MAMA'	5, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		Hermandez Name of Person			
	B19 MA	MA'S, LLC Firm/Company			
	801 S.F	EDERAL HWY	1 # 521		
	Pompani	Beach FL City/State and Zip Code Iamhouseand to be used for future annual report notifi	33062		
	anthonysc E-mail address:	lamhouseand to be used for future annual report notifi	911/01/a	hoo. c	OM
For further information con	ncerning this matter, please co	all:		()	<u> </u>
Walter Her	nandez	all: at (<u>954)</u> <u>934 -</u> Area Code Daytime	-677 3	<u> </u>	
Name of	rerson	Area Code Dayume	Telephone Number	0 % 5	じ
Enclosed is a check for the	=			ထ	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &	
Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 (see, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ntions		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG MAMA'S	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000158799</u> .	were filed on $\frac{06/28/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	britted to amend the following: e, enter the new name of the limited liability company here: tinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." offices address, if applicable: 286/ E- COMMERCIAL BLVD FORT LAUDERDALE, FL 33308 ddress, if applicable: Y BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new vor the new registered office address here: w Registered Agent: red Office Address: Enter Florida street address
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2861 E. COMMERCIAL BLVD.
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33308
Enter new mailing address, if applicable:	
Maning address MAT BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the fiame of the new
Name of New Registered Agent:	
New Registered Office Address:	
	, Florida

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>	Address	Type of Action
MGRM	HECTOR J CORDOVA	2415 NW 11th ST.# 29	🗆 Add
		MIAMI FL 33125	Remove
			Change
MGRM	RAMON FRANCISCO	2164 ANCHOR CT DANIA, FL 33312	□ Add
	GONZALEZ	DANIA, FL 33312	Remove
			Change
			□ Remove
			Change
			—
			Remove
			Change D
		:-	BAdd
			□ Remove
			☐ Change
	 		Add
			□ Remove
			Change

N/A					<u>_</u>
		<u> </u>	<u> </u>		
				<u> </u>	
					
					
	· <u> </u>				
					
		·			
				152	
			<u> </u>		—. <u>.</u>
		·		()	و مر موسید
				ភ	
			<u> </u>		
					
an effective date is listed of the lister of the date insert	er than the date of fill, the date must be specific ted in this block does note on the Department	e and cannot be prior to da not meet the applicable	1/20/8 Let of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursuant tents, this date will not b	to 605.020 e listed a:
The 90th day aft	er the record is file	ed.	effective time, at 1		earlier o
nted 10/09/	12018	_,			
Wo	La A Signature of	Har Now W	representative of a member	r	_
	-		,		

Page 3 of 3

Filing Fee: \$25.00