(Requestor's Name)	
(Address)	
(Address)	400320981844
(City/State/Zip/Phone #)	
	11/20/1801005010 **52.50
(Business Entity Name)	
(Document Number)	
d Copies Certificates of Status	2 <b>0</b>
ial Instructions to Filing Officer:	JAN 10
	STATE
Office Use Only	

### **COVER LETTER**

TO: Registration Section Division of Corporations

,

The Espressos Cafe & Catering, LLC

\_\_\_\_\_

SUBJECT: \_

1

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:

Maricarmen Guillen

Name of Person

The Espressos Cafe & Catering, LLC

Firm/Company

2037 SE 14th Ct.

Address

Homestead, FL 33035

City/State and Zip Code

maricarmenguillen05@gmail.com

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

For further information concerning this matter, please call:

 Maricarmen Guillen
 786
 384-3719

 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2018

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MARICARMEN GUILLEN 2037 SE 14TH COURT HOMESTEAD, FL 33035

SUBJECT: THE ESPRESSOS CAFE & CATERING LLC Ref. Number: L18000242375

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 618A00024622

2019 JEN OI KEE 6102 ₽.

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	2019 JAN 10 PM 1:21
The Espressos Cafe & Catering, LLC	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	ALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on October 15th. 2018	and assigned
Florida document number 1.18000242375	
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:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>er</u> registered agent and/or the new registered office address here:	nter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_ Florida \_

Zip Code

## If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

#### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
PRES	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	Add
			C Remove
			Сћапде
VPRES	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	Add
			Remove
			Change
TREAS	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	🗖 Add
			Remove
		Change	
SEC	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	🗖 Add
			Remove
			Change
MGR	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	Add
			Remove
			Change
AMBR	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	Add
			Remove
			Change

If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
EEIN: 83-2272582	


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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.

January 07th ed	2019
.u	· 0
	101 Lecul
· <u>·····</u> ·····	Signature of a member or anthorized representative of a member
Maricarmen Guillen	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00