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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	N CUBAN CAFE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jason Sizemore		
		Name of Person	
	Law Office of Sam J. Saac	1 111	
		Firm/Company	
	2670 Airport Road S		23.7
		Address	
	Naples, FL 34112		- •.
	officemanager@saadlegal.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Jason Sizemore		239 963-1635 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)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Section Division of Corpora	1

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANVAN CUBAN CAFE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number 1.18000261689	were filed on November 7, 2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
'AN VAN CUBAN CAFE LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		<u>~3</u>
		- 00 - 00 - 100
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
many quaress militiatives of their noise		9 U
. If amending the registered agent and/or registered of	fice address on our records, enter	ಾ the name of the
egistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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

or removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Action Title Name | _□ Add _□ Remove _ Change _□ Remove <u>↑</u>3□ Change Ņ ☐.Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add _□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of fil. ote: If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605 rry filing requirements, this date will not be liste	5.020 ed a
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlie	er o
ated November 13 2018		
1 Hours		

Page 3 of 3

Filing Fee: \$25.00