

L18000265313

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NEW LIFE COMPANY, INC.
Account Number : I20150000122
Phone : (786)218-4201
Fax Number : (305)824-8858

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dpeneorp@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A&M CUISINE LLC

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EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A&M CUISINE 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:

ADRIANNA GAZZANEO

Name of Person

A&M CUISINE LLC

Firm/Company

15125 S BISCAYNE RIVER DR

Address

MIAMI, FL 33169

City/State and Zip Code

oponcorp@yahoo.com

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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ADRIANNA GAZZANEO

786 447-9613

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

A&M CUISINE 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 11/13/2018 and assigned Florida document number L18000265313.

This amendment is submitted to amend the following:

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

ECO CAFE Y PAN CUISINE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

705 71 ST

MIAMI BEACH, FL 33141

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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>
AMBR	MIGUEL CALDERON	15125 S BISCAYNE RIVER DR	<input type="checkbox"/> Add
		MIAMI, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HORACIO G. ESCARIZ	1500 BAY RD APT 828	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
INVT	JORGE F. FRAGA	1500 BAY RD APT 828	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

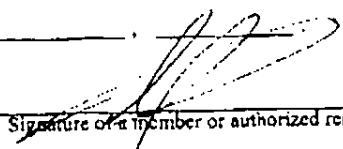
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E. Effective date, if other than the date of filing: 02/01/2019 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____



 Signature of a member or authorized representative of a member

ADRIANNA GAZZANEO

 Typed or printed name of signee