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(E	Business Entity Name	<del>)</del>
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### **COVER LETTER**

TO: Registration Secutivision of Corp				
SUBJECT: Eleccio	n el Buln Gu Name of Limi	6to LLC ted Liability Company		<del></del>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	Candido Le	Name of Person		
		Firm/Company		
	5972 Maple			
	_ Jacksonville	City/State and Zip Code	<del></del>	<del></del>
		be used for future annual r		<del>)</del>
For further information cor	ncerning this matter, please cal	II:		
Candido Leyv	Person	at (904) Area Code	Daytime Teleph	<del></del>
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		3 \$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

		- :	
18 DEC	11	PH	4: 43
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<u>Fleccion el Buen Gusto 1</u>	LC PATTE . PATT
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000L75596</u> .	were filed on 11/29/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  Cuban Cubine & Sandwiches  The new name must be distinguishable and contain the words "Limited Liabili	LIC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5960 Bichard St Jacksonville, FL 32216
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5922 Maple Leaf Dr N Jechsonville, FL 32211
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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.

Citv

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: 18 DEC 11 PH 4: 43 MGR = Manager AMBR = Authorized Member **Address** <u>Title</u> Name **Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_ Change □ Add ☐ Remove

☐ Change

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Effective date, if other than the date of filing:	(optional)
fan effective date is listed, the date must be specific and cannot!  Note: If the date inserted in this block does not meet the	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's re	ecords.
The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier of
Dated December 4, 20	OIE.
	a to
Signature of a member	or authorized representative of a member

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Filing Fee: \$25.00