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## **COVER LETTER**

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SUBJECT:	Mario's Rap	oid Food LLC	•	
sobster.		Name of Limi	ted Liability Company	
The encloses	d Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspo	ndence concerning this matter t	to the following:	
		Nicolas Hemandez		
			Name of Person	
		Mario's Rapid Food LLC		
			Firm/Company	
		28931 SW 148th Ave		
			Address	
		Homestead FL 33033		
		mariosrapidfood@gmail.cor	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	ication)
For further	nformation c	oncerning this matter, please ca	all:	
Nicolas Her	mandez		786 3699717	
	Name o	f Person		: Telephone Number
Enclosed is	a check for the	he 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

Mario's Rapid Food 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 01/07/2019 and as Florida document number \_\_\_\_\_\_\_L19000007902 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 28931 SW 148th Ave Enter new principal offices address, if applicable: Homestead FL 33033 (Principal office address MUST BE A STREET ADDRESS) 111 28931 SW 148th Ave Enter new mailing address, if applicable: Homestead FL 33033 (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: 28931 SW 148th Ave New Registered Office Address: Enter Florida street address , Florida <u>33033</u> Homestead City 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type
AMBR	Nicolas Hernandez	28931 SW 148th Ave	
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blockerment's effective date on the Department.	be specific and cannot be p ck does not meet the ap	prior to date of filing o plicable statutory fi	r more than 90 days a	ptional) after filing.) Pursuam this date will not b
e record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effective	e time, at 12:0	1 a.m. on the
Sentember 21	2019	$\mathcal{N}$	M	
ated September 21	,	X	1/	
	Signature of a member or a	ND	ve of a member	
	Signature of a member or a	ND	<i>-</i>	

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

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Filing Fee: \$25.00