1190000 39096

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)
(Doc	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	

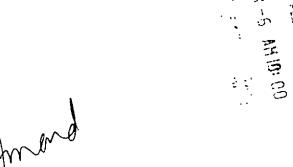
Office Use Only



900325849569

03/06/19--01014--015 ++25.00

S TALLENT MAR 1 9 2019



COVER LETTER

TO: Registration Division of	n Section Corporations		
	va Bar & Grill, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Roger Lopez		
		Name of Person	· · ·
	La Cueva Bar & Grill, LLC	2	
		Firm/Company	
	234 Almond Avenue		
		Address	
	Fort Lauderdale, Florida 3.	3316	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	Roger@leaglecontracting.c		V
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Roger Lopez		561 766-3397	
Nai	ne of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	e ☐ \$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

La Cueva Bar & Grill, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	.)
he Articles of Organization for this Limited Liability Cor	mpany were filed on 02/07/2019	and assigned
lorida document number L19000039096		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ed liability company here:	
N/A		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE		
		20
		2 5
nter new mailing address, if applicable:		- 5
Mailing address MAY BE A POST OFFICE BOX)		
		;;"
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	The second secon	
		rida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Blancas	234 Almond Avenue	☐ Add
		Fort Lauderdale, Florida 33316	
			■ Remove
			Change
		 	Add
		 -	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change

•		
- "		
		
		
		
		
 		
		
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
ne record specifies a delayon The 90th day after the re		effective time, at 12:01 a.m. on the earlier
Dated February 28	2019	
outed	— · ·	P.L
	Signature of a member or authorized	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00