L19000 060 984

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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November 26, 2019

RUBERMAN RODRIGUEZ PO BOX 501815 MARATHON, FL 33050

SUBJECT: THE PAPI STEAK LLC Ref. Number: L19000060984

We have received your document for THE PAPI STEAK LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

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Letter Number: 519A00024172

BECENED

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Division of the contract of th

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: The PAPI STEAK 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:
Rubernan Rodriquez
The PAPI STEAK LLC Firm/Company
P. D. BOX 501815 Address HANATHON F/ 33050 City/State and Zip Code
HARATHON F/ 33050
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

THE PAPI S	TEAK LLC	<u> </u>	<u>-</u> _
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 4 190000 609 84.	were filed on <u>03/09</u>	1/2019	and assigned
This amendment is submitted to amend the following:		ŽŽ.	2019 050 -
A. If amending name, enter the new name of the limited liabi \wp / A .	lity company here:	;	(C)
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	'LLC'' or the abbrev	iation_L.L.C."
Enter new principal offices address, if applicable:	N/A	<u>.</u>	75.
Principal office address MUST BE A STREET ADDRESS)		ſ.)0
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	P.O. BOX :	50/8/5 F/ 330	50
 If amending the registered agent and/or registered off egistered agent and/or the new registered office address here 		ords, <u>enter the</u>	name of the new
Name of New Registered Agent: Buber	MAN Bodrig Duerseas HW	oved.	
	Enter Florida street d	Y LOT //C)
Llanan	HON City	, Florida <u>3</u> ,	3050 tip 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>	Address	Type of Action
AP	LEONARDO PENA	125 41 STreet Qui	F_□ Add
		Marathon Fl 3300	Remove
			Change
AP	BOSA Maria Oliva	1571 Duerseas Hwy	
		MANATHON F/ 33050	□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Buberman Bodriquez. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00