L19000141938

(Requestor's Name)	
(Address) (Address)	500330270585
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/27/19010100000 ••00.00
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Special Instructions to Filing Officer:	A CI 1:1 1:58
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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

CAFE DELIGHTS KEY BISCAYNE LLC

SUBJECT: \_\_\_\_\_

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:

ANA MALAVE

Name of Person

Firm/Company

881 OCEAN DRIVE #11F

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

ANACMALAVE@GMAIL.COM

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

754

Area Code

at (\_\_\_\_\_

2461235

For further information concerning this matter, please call:

ANA MALAVE

Name of Person

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:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAFE DEL	IGHTS I	KEY BIS	SCAYNE	LLC
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(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/28/2019}{2019}$ 

Florida document number <u>L19000141938</u>

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3300 CORPORATE AVE STE 110

SIS JUNIC

and assigne

WESTON, FL 33331

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of tl</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	LIGIA PALACIO		
New Registered Office Address:	3300 CORPORATE AVE STE 110		
	Ente	r Florida street address	
	WESTON	, Florida <sup>33331</sup>	
	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen being filed to merely reflect a change in the registered office address. Thereby 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, name, and address of each person, being</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Acti
MGR	FLAMFOODS INVESTMENTS LLC	881 OCEAN DRIVE #11F KEY BISCAYNE, FL 33149	🗆 Add
			Remove
			□ Change
MGR	FLAMFOODS KB LLC	881 OCEAN DRIVE #11F KEY BISCAYNE, FL 33149	🖬 Add
			Remove
			Change
MGR	TOVBRA LLC	3300 CORPORATE AVE #110 WESTON, FL 33331	Add
		·	Remove
			Change
MGR	KACHITOS Y MAS LLC	11251 NW 20TH STREET #115 MIAMI, FL 33172	Ađd
			Remove
			Change
·			Add
			Remove
		, <u></u>	Change
			Add
		·	Remove
			Change

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: \_\_\_\_\_\_\_(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 605,020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 c (b) The 90th day after the record is filed.

10, Dated \_ 101 Signature of a member of authorized representative of a member

FERNAN V(OSA-name of signee

Typed or printed name

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Filing Fee: \$25.00