Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000007179 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUBATAX & TRAVEL INC

Account Number : I20180000100 Phone : (813)493-0199

: (813)354-2432 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M & T KITCHEN LLC

Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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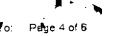
FEB 1 1 2020

To: Page 3 of 6

TO:

COVER LETTER

HEN LLC		
Name of Limit	ed Liability Company	
mendment and fee(s) are subm	ined for filing.	
dence concerning this matter to	the following:	
MIGUEL A RAMOS		
	Name of Person	
	Firm Company	
	AVE	
	Address	
TAMPA, FL 33615		
	City/State and Zip Code	
E-mail address: (t	o be used for future annual report notifi	cation)
oncerning this matter, please ca	n:	
	575 602-5515	
Person	Area Code Daytine	Telephone Number
e following amount.		
☐ \$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)
Section Torporations 27	Division of Cor The Centre of T 2415 N. Monro	porations 'allahassec e Street, Suite 810
	mendment and fee(s) are submidence concerning this matter to MIGUEL A RAMOS 8425 W HILLSBOROUGH TAMPA, FL 33615 E-mail address: (to oncerning this matter, please can be following amount. El \$30.00 Filing Fee &	mendment and fee(s) are submitted for filling. dence concerning this matter to the following: MIGUEL A RAMOS Name of Person



2020-02-10 15:45:57 (GMT)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & T KITCHEN LLC		
(Name of the Limited Liability Compa (A Florida Lunited U	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000257041 This amendment is submitted to amend the following:	were filed on 10/11/2019	and assigned
	ility company here:	
A. If amending name, enter the new name of the limited liab	min Company agra.	
EL CARIBENO RESTAURANT LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
	8425 W HILLSBOROUGH AVE	
Enter new principal offices address, if applicable:	TAMPA,FL 33615	7021 SE
(Principal office address MUST BE A STREET ADDRESS)	1 (COLUMN COLUMN	SE FEE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	8425 W HILLSBOROUGH AVE TAMPA, FL 33615 address on our records, enter the	5 F
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	City Florio	daZip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S.	S. Or, if this document is

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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			TAdd
			□Remove
			Change
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			□Change

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Signature of a member or authorized representative of a member		Signat

Filing Fee: \$25.00