

L19000 263 147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

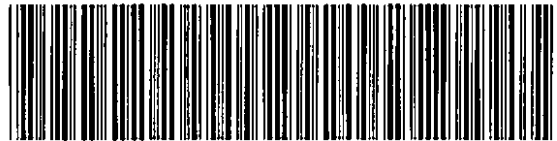
(Business Entity Name)

(Document Number)

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12/23/19--01020--002 ♦\$25.00

19 DEC 23 AM 8:25

12/23/2019 8:25 AM  
CLERK OF SUPERIOR COURT  
JANUARY 27 2020

JAN 27 2020  
C McNAIR

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prestige Restaurant and Bakery, 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:

Antonio Jules

Name of Person

Prestige Restaurant and Bakery, LLC

Firm/Company

7619 Dilido Boulevard

Address

Miramar, FL 33023

City/State and Zip Code

ajlove71@yahoo.com

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

For further information concerning this matter, please call:

Tonya Alexander

305

527-805

at ( )

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N Monroe Street, Suite 810  
Tallahassee, FL 32303

19 DEC 23 AM 8:25  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Prestige Restaurant and Bakery, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

19 DEC 23 AM 8:25  
FILED IN THE CLERK'S OFFICE  
OF THE STATE OF FLORIDA  
IN THE COUNTY OF DADE

The Articles of Organization for this Limited Liability Company were filed October 21, 2019 and assigned  
Florida document number L19000263147

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:

21435 NW 2 AVENUE

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI GARDENS, FLORIDA 33169

Enter new mailing address, if applicable:

21435 NW 2 AVENUE

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI GARDENS, FLORIDA 33169

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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  
or removed from our rec

Per(s) added to manage, enter the title, name, and address of each person be

led

MGR = Manager

ord:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANTONIO JULES	21135 NW 2 AVENUE	<input checked="" type="checkbox"/> Add
		AMI GARDENS, FLORIDA 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ANTONIO JULES	7619 DJO BOULEVARD	<input type="checkbox"/> Add
		MRAMAR, FLORIDA 33023	<input checked="" type="checkbox"/> Remove ← Remove A.T
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other:**

**ADD THE EIN NUMBER**

**Indicate change(s) here:** (Attach additional sheets, if necessary.)

84-3152

**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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 of: (b) The 90th day after the record is filed.

Dated DECEMBER 18

2019

  
Signature of a member or authorized representative of a member

ANTONIO JULES

Typed or printed name of filer

**Filing Fee: \$250**