

U9000278890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

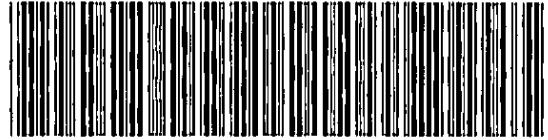
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUL 21 PM 12:31

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JUL 22 2020

S. YOUNG

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/21/2020

**\*\*WALK IN\*\***

ENTITY NAME EAT MIRAI LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

1-2 Filing, file first

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: EATMIRA II, LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000278890

**THIRD:** The street address of the limited liability company's principal office is:

2199 Ponce De Leon Blvd., Suite 201, Coral Gables, Florida 33134

The mailing address of the limited liability company's principal office is:

P.O. Box 3435 West Palm Beach, Florida 33401

**FOURTH:** The date the statement of authority became effective is: December 17, 2019

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

  
\_\_\_\_\_  
Signature of authorized representative

Armando A. Tabernilla  
Typed or printed name of signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

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