

LP9000 291325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

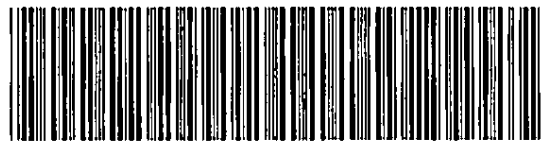
(Document Number)

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Special Instructions to Filing Officer:

per Victor 2/10/20, Change  
Veronica to MGK instead of  
AMBR  
Also change principal add  
to mailing add same as

Office Use Only



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FILED  
2020 JAN 10 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

C SIMMONS

FEB 10 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEXICAN CRAVINGS L.L.C.

\_\_\_\_\_  
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:

VICTOR VALORA VERGARA

\_\_\_\_\_  
Name of Person

MEXICAN CRAVINGS L.L.C.

\_\_\_\_\_  
Firm/Company

6315 13TH ST. N

\_\_\_\_\_  
Address

ST PETERSBURG, FL 33702

\_\_\_\_\_  
City/State and Zip Code

vivergara73@gmail.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR VALORA VERGARA

727

303-1288

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MEXICAN CRAVINGS L.L.C

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

The Articles of Organization for this Limited Liability Company were filed on 12/10/2019 and assigned  
Florida document number L19000291325.

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 "L.L.C."

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)

**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 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>	<u>Address</u>	<u>Type of Action</u>
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<del>AMBR</del> MGR	VERONICA R. JACKSON	2713 STATE RD 590 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_ ☐ Remove

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SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 JAN 10 PM 1:01  
FILED

2020 JAN 10 PM 1:01  
SHORELAND DIST STATE  
TALLAHASSEE FL

FILED

**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.

Dated January 07, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**