Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INFANTE MULTI SERVICES INC

Account Number : I20220000173.

: (786)342-4106

Fax Number

: (786)342-4106

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

J & Y CAFETERIA MIAMI LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25,00

https://elile.sunbiz.org/scripts/ellicovr.exe

Page 1 of 2

COVER LETTER

Division of Corp			
J & Y CAFE	TERIA MIAMI LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
·	PAUL E VALERY		
		Name of Person	
	J & Y CAFETERIA MIAM	ILLC	
		Firn/Company	
	6303 blue lagoon dr 115		
		Address	
	Miami, FL 33126		
		City/State and Zip Code	······································
	aqquosllc@gmail.com		
		to be used for future annual report n	outications
For further information of	oncerning this matter, please o		
PAUL E VALERY		21/	
Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
a S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address</u> Registration	Section
Division of (Corporations	Division of (Corporations
P.O. Box 633		The Centre of 2415 N. Mor	of Tallahassee aroe Street, Suite 810
Tallahassee,	LF 27214	Tallahassee,	

3/13/23, 12:59 PM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & Y CAFETERIA MIAMI LLC		<u> </u>		
(Name of the Limit	d Llability Comp A Florida Limited	ny as II now appears on our records Liebility Company)	į)	
The Acticles of Organization for this Limited Li		ALLIA (2022)	and assigned	
L20000020105				
This amendment is submitted to amend the following				
A. If amending name, enter the new name of	the limited liab	oility company here:		
AQUOS ELC		Tuli declegation "II C"	or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the w	ords "Limited Linb	3390 NW 126TH TERRACE		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUNRISE FL 33323		
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		3390 NW 126TH TERRACE		
(Mailing address MAY BE A POST OFFICE	BOX)	SUNRISE FL 33323		
(Mauring and Cla Mark 900)				
ngent and/or the new registered office addre	PAUL E VALE	RY		
	3390 NW 1267	TH TERRACE		
New Registered Office Address:		Enter Florida street address		
	SUNRISE	, Flor	rida 33323	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	i		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and age ver and complete istered agent as registered office change.	ree to act in this capacity. I furt to performance of my duties, and	S. Or, if this document is the limited liability	
			₽ 〒	
S Escaneado con Ca	amScan	iner	:	

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> AMBR	Name PAUL E VALERY	Address 3390 NW 1267H TERRACE SUNRISE FL 33323	Type of Action
			Вььк□
			□Remove
		2200 NNV 124TU TENN 1440 CUNNES EL 2222	⊡ Change
MGR	ANA M DE PINHO	3390 NW 126TH TERRACE SUNRISE FL 33323	□Add
			□Remove
MGR	YULEIKYS PEREZ RODRIGUEZ	6303 BLUE LAGOON DR, SUITE 115 MIAMI, FL 33126	🖸 Add
	·		智Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			🗀 Remove
	·		□Change
			□Add
			□Remove
			Change

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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 605.0207 (3)(b) 44 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.

Signature of a member or authorized representative of a member

Escaneado con CamScannar Fee: \$25.00