# L20 0000027353

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| Special Instructions to F | iling Officer:    |             |
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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

| Division of                                      | Corporations                                   |  |  |   |                        |
|--|--|--|--|---|------------------------|
|  | uta Cafeteria LLC                              |  |  |   |                        |
| SUBJECT:   | Name of Lin                                    | nited Liability Company                            | <u> </u>                                 | <del></del>   |                        |
| The enclosed Articles                            | s of Amendment and fee(s) are sub              | omitted for filing.                                |  |   |                        |
|  | espondence concerning this matter              |  |  |   |                        |
| ricase return an corre                           | spondence concerning this matter               | to the following.                                  |  |   |                        |
|  | Amalia C. Leiva                                |  |  |   |                        |
|  |  | Name of Person                                     | 1  |   |                        |
|  |  |  |  |   |                        |
|  | ·  | Firm/Company                                       |  |   |                        |
|  | 430 NW 105 Street                              |  |  |   |                        |
|  |  | Address  |  |   |                        |
|  | Miami, FL 33150                                |  |  |   |                        |
|  |  | City/State and Zip C                               | Code                                     | <u> </u>  |                        |
|  | Elizabethmelendez82@g                          | mail.com   |  |   | 50 T                   |
|  | E-mail address: (                              | to be used for future an                           | nual report notifi                       | cation)   |                        |
| For further information                          | on concerning this matter, please c            | all:   |  |   | 7 2 T                  |
| Elizabeth A. Melene                              | dez Leiva                                      | 305  | 783-9538                                 |   |                        |
| Nar  | ne of Person                                   | at (<br>Area Code                                  | Daytime                                  | Telephone Number  | - 1.5. 5.1<br>1.5. 5.1 |
|  |  |  |  |   |                        |
| Enclosed is a check for                          | or the following amount:                       |  |  |   | 1-                     |
| ■ \$25.00 Filing Fee                             | e ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing<br>Certified Cop<br>(additional copy | y  | S60.00 Filing F Certificate of S Certified Copy (additional copy is | Status &               |
| <u>Mailing Ado</u><br>Registration<br>Division o |  | Reg  | et Address:<br>istration Secision of Com |   |                        |

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### LA MINUTA CAFETERIA LLC

(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 vi Florida document number L20000027353  | vere filed on 01/21/2020                                    | and assigned  |  |
|--|---|---|--|
| Florida document number L20000027353   |   | <i>-3</i> /   |  |
| This amendment is submitted to amend the following:  |   |   |  |
| A. If amending name, enter the new name of the limited liabil  | lity company here:  |   |  |
| The new name must be distinguishable and contain the words "Limited Liability  | ty 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)   |   |   |  |
|  |   | <del></del>   |  |
| B. If amending the registered agent and/or registered office a   | ddress on our records, <u>enter</u>                         | 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 addre                                  | TSS .   |  |
|  | , Florida<br>Zip Code                                       |   |  |
|  | Ciţ   | Zip Code  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |   |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | performance of my duties, a<br>provided for in Chapter 605, | md I am familiar with and<br>F.S. Or, if this document is |  |
|  | ging 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>                 | Address                           | Type of Action  |
|--------------|-----------------------------|-----------------------------------|-----------------|
| MGR          | Elizabeth A. Melendez Leiva |                                   | □Add            |
|              |                             |                                   | □Remove         |
|              |                             | 430 NW 105 STREET MIAMI, FL 33150 | <b>=</b> Change |
|              |                             |                                   | □Add            |
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| Effective date, if other to fan effective date is listed, the Note: If the date inserted document's effective date in the list of the list | e date must be specific<br>in this block does r | e and cannot be prior<br>not meet the applic | able statutory filing   | (option<br>te than 90 days after fil<br>requirements, this d | ing.) Pursuant to 605,0207 |
| record specifies a delayed<br>d is filed.  | I effective date, but                           | t not an effective ti                        | me, at 12:01 a.m. or    | the earlier of: (b)  | The 90th day after the     |
| MARCH 6,   |   | 2020   | ·                       |  |                            |
|  | ,^ ,  | 1  | O 1                     |  |                            |
|  | Kal   | of a member or aniho                         | orized representative o | t'a member   |                            |

Filing Fee: \$25.00

## **Detail by Entity Name**

Florida Limited Liability Company LA MINUTA CAFETERIA LLC

#### Filing Information

**Document Number** 

L20000027353

FEI/EIN Number

NONE

Date Filed

01/21/2020

**Effective Date** 

01/20/2020

State

FL

Status

**ACTIVE** 

Principal Address

430 NW 105 STREET

MIAMI, FL 33150

Mailing Address

430 NW 105 STREET

MIAMI, FL 33150

Registered Agent Name & Address

LEIVA, AMALIA C

430 NW 105 STREET

MIAMI, FL 33150

Authorized Person(s) Detail

Name & Address

Title MGR

LEIVA, AMALIA C

430 NW 105 STREET

MIAMI, FL 33150

Title MGR

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MELENDEZ, ELISABETH

430 NW 105 STREET MIAMI, FL 33150 a "7"

**Annual Reports** 

No Annual Reports Filed

**Document Images** 

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