L200002Z4486

(Req	uestor's Name)	
(Add	ress)	
(Adda	ress)	
(City/	/State/Zip/Phon	e #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2020

FRANCISCO LARA MAMA TORTUGA LLC 7133 CLARKE RD WEST PALM BEACH, FL 33406

SUBJECT: MAMA TORTUGA LLC Ref. Number: L20000224486

We have received your document for MAMA TORTUGA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 520A00022085

COVER LETTER

	tion Section			
Division	of Corporations			
		,s*		
	a Tortuga LLC	,-	•	
SUBJECT:	" Name of Lim	nited Liability Company	<u> </u>	
	14676 (7) 3301	ance that the second se		
The continued Amir	al an art America description of fraction and such	emitted for filing		
The enclosed Artic	eles of Amendment and fee(s) are sub	minited for filmig.		
Please return all co	orrespondence concerning this matter	to the following:		
	Francisco Lara			
	Francisco Lara			
		Name of Person		
	Mama Turtum 116			
	Mama Tortuga LLC	<u> </u>		
		Firm/Company		
	7122 /71			
	7133 Clarke Rd			
		Address		
	West Palm Beach, FL 334	04		
	west raim beach, rt. 554	· · · · · · · · · · · · · · · · · · ·		
		City/State and Zip Code	<u></u>	
	mamatortuga@outlook.con	1		
	E-mail address: (to be used for future annual report notifier	ation)	
For further informa	ation concerning this matter, please c	rall:		
Johana Castillo		561 7629642		
		at ()	<u> </u>	
1	Name of Person	Area Code Daytime T	'elephone Number	
Enclosed is a chec	k for the following amount:			
□ \$25.00 Filing	Fee == \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
_	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
Mailing Address:		Street Address:		
		Registration Secti	on	
Registration Section Division of Corporations		-	Division of Corporations	
P.O. Bo		The Centre of Tal		
	ssee, FL 32314	2415 N. Monroe S		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMA TORTUGA LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears mited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con Florida document number L20000224486	npany were filed on $\frac{07/2}{2}$	8/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		cords, enter the name of the new registered
	1,1uer 1 101 u	
	Ciny	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	igent:	·
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this ca plete performance of n nt as provided for in Cl office address. I hereby	ny duties, and I am familiar with and sapter 605, F.S. Or, if this document is confirm that the limited liability
ı	f Changing Registered Age	it, Signature of New Registered Agent

If a mending 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
May	Francisco Lara	7133 Clarke RD West Palm Beach FL 33406	■Add
			□Remove
			■Change
	Johana Castillo	7133 Clarke RD West Palm Beach FL 33406	
			■Remove
			□Change
			🗆 Add
			□Remove
		 	Change
		□Add	
		 	□Remove
			□Add
			□Remove
			□Change
			□Remove
			□ Changu

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	September 16, 2020
(If an el Note:	(optional) Rective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
he reco ord is f	rd 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 led.
Dated	September 16 2020
Datec	—/1 ——/

Filing Fee: \$25.00

Typed or printed name of signee