

To: 8506176383

From: eFax

6-02-22 10:06am p. 1 of 4

6/2/22, 10:50 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L20000295166**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000192962 3)))



H220001929623ABC0

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.  
Account Number : 120030000123  
Phone : (305)461-9500  
Fax Number : (786)362-7127

**\*\*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  
TRATTORIA DAL PLIN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 JUN -2 AM 11:54

2022 Jun-2 AM 9:07

APPROVED  
AND  
FILED

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

H22000192962 3

TRATTORIA DAL PLIN, 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 were filed on 09/21/2020 and assigned  
Florida document number L20000295166.

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)

9420 NW 41ST STREET

STALL NUMBER 9

DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 SUNNY ISLES BLVD

UNIT 1604

SUNNY ISLES BEACH, FL 33160

**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:

JUAN RICARDO HERRERA MEJIA

New Registered Office Address:

400 SUNNY ISLES BLVD, UNIT 1604

Enter Florida street address

SUNNY ISLES BEACH

City

Florida 33160

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

2022 JUN - 2 AM 9:07  
 APPROVED  
 AND  
 FILED

H22000192962 3

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>
MGR	HERRERA MEJIA, JUAN RICARDO	400 SUNNY ISLES BLVD	<input checked="" type="checkbox"/> Add
		UNIT 1604	<input type="checkbox"/> Remove
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change
MGR	TUNDO, MASSIMO		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CALLEGARO, ELISABETTA M		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000192962 3

H22000192962 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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)

**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.

Dated JUNE 1, 2022

Signature of a member or authorized representative of a member

JUAN RICARDO HERRERA MEJIA

Typed or printed name of signee