

L20 000 396012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

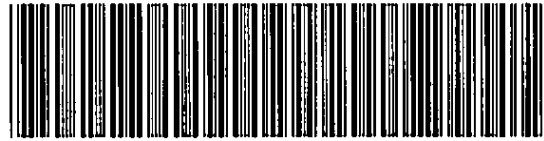
(Business Entity Name)

(Document Number)

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[Handwritten signature]
8/9/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUANA LA CUBANA OF CORAL CENTER, LLC
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:

BROOKE TYRUS
Name of Person
STEPHEN A. COLLEY, APC
Firm/Company
11622 EL CAMINO REAL, SUITE 100
Address
SAN DIEGO, CA 92130
City/State and Zip Code
TYRUS@COLLEYLAW.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

BROOKE TYRUS at (858) 259-0888
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**

JUANA LA CUBANA OF CORAL CENTER, 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 DECEMBER 18, 2020 and assigned Florida document number 1.20000396012.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DMVB LLC

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)

4450 SW 54TH ST APT #1
FORT LAUDERDALE, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4450 SW 54TH ST APT #1
FORT LAUDERDALE, FL 33314

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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: DAVID MOLINA

New Registered Office Address: 4450 SW 54TH ST APT #1
Enter Florida street address

FORT LAUDERDALE, Florida 33314
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.

DocuSigned by:
David Molina
If Changing Registered Agent, Signature of New Registered Agent

in 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	DAVID MOLINA	4450 SW 54TH ST APT #1	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICTOR MOLINA	4450 SW 54TH ST APT #1	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTONIO LOPEZ	10334 W SAMPLE ROAD	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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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)

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 JULY 23, 2021

DocuSigned by:
David Molina
2F0C57DE44144F7 Signature of a member or authorized representative of a member

DAVID MOLINA

Typed or printed name of signee