

L210000158757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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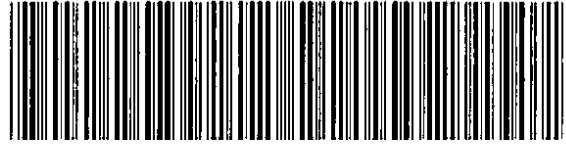
(Business Entity Name)

(Document Number)

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11/6/23

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 30 PM 2:26

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Apalachicola's Cafe Con Leche

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:

Amarilis Antonia Herrera Vicente

Name of Person

Apalachicola's Cafe Con Leche

Firm/Company

177 8th Street

Address

Apalachicola, FL32320

City/State and Zip Code

cconleche077@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaias Tomas Pelico Vicente

850 570-8572

at ()

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)

2023 OCT 30 PM 2:26
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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**

Apalachicola's Cafe Con Leche

(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 03/12/2021 and assigned
Florida document number 86-3307170.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

177 8th Street

Apalachicola, FL 32320

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:

Isaias Tomas Pelico Vicente

New Registered Office Address:

177 8th Street

Enter Florida street address

Apalachicola

Florida 32320

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.



If Changing 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Abrego De Rivera, Rosa E	221 A 7th Street	<input type="checkbox"/> Add
		Port Saint Joe, FL 32456	<input checked="" type="checkbox"/> Remove
		rt Saint Joe, FL 32456	<input type="checkbox"/> Change
AMGR	Rivera Abrego, Diana	221 A 7th Street	<input type="checkbox"/> Add
		rt Saint Joe, FL 32456	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rivera Abrego, Rodbil A	221 A 7th Street	<input type="checkbox"/> Add
		rt Saint Joe, FL 32456	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Amarilis Antoonia Herrera Vicente	177 8th Street	<input checked="" type="checkbox"/> Add
		Apalachicola, FL 32320	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Isaias Tomas Pelico Vicente	177 8th Street	<input checked="" type="checkbox"/> Add
		Apalachicola, FL 32320	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023 OCT 30 12:28
CLERK OF STATE
TALLAHASSEE, FL

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DEPT. OF STATE
TALLAHASSEE, FL

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

E. Effective date, if other than the date of filing: 11/01/2023 (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 10-24-23



Signature of a member or authorized representative of a member

Rosa Elena Abrego de Rivera

Typed or printed name of signee