

L21 000197542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

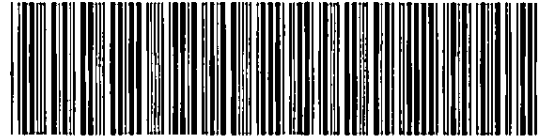
(Business Entity Name)

(Document Number)

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2021 SEP -2 PM 6:30  
SHELBY COUNTY  
MEMPHIS, TN

BRUCE  
SEP 14 2021

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LITTLE RD CAFE 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:

CARLOS MIQUEL

Name of Person

MIQUEL ACCOUNTING SERVICE INC

Firm/Company

5100 S DIXIE HWY STE 10

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

CARLOS@MIQUELACCOUNTING.COM

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

For further information concerning this matter, please call:

CARLOS MIQUEL

Name of Person

at ( 561 ) 588-8878

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

SECRET  
TALLAHASSEE, FL  
SEP 2 2021

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

LITTLE RD CAFE 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 04/28/2021 and assigned  
Florida document number L21000197542.

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)

9247 LITTLE RD

NEW PORT RICHEY, FL. 34654

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

9247 LITTLE RD

NEW PORT RICHEY, FL. 34654

**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:

WILFREDO HERNANDEZ

New Registered Office Address:

9247 LITTLE RD

*Enter Florida street address*

NEW PORT RICHEY

Florida 34654

*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>                      |
|--------------|----------------------|----------------------------|--|
| MGRM         | LEONARDA HERNANDEZ   | 29542 PICANA LN            | <input type="checkbox"/> Add               |
|              |                      | WESLEY CHAPEL, FL. 33543   | <input checked="" type="checkbox"/> Remove |
|              |                      |                            | <input type="checkbox"/> Change            |
| MGRM         | WILFREDO M HERNANDEZ | 9247 LITTLE RD             | <input type="checkbox"/> Add               |
|              |                      | NEW PORT RICHEY, FL. 34654 | <input type="checkbox"/> Remove            |
|              |                      |                            | <input checked="" 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            |
|              |                      |                            | <input type="checkbox"/> Add               |
|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            | <input type="checkbox"/> Change            |

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

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2021 SEP 12 PM 6:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

8/30/2021

Signature of a member or authorized representative of a member

Wilfredo M Hernandez

Typed or printed name of signee