

L210000221462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

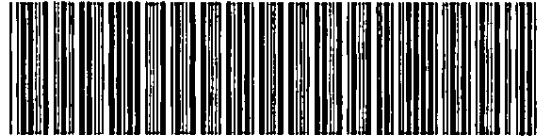
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200396456092

10/31/22--01019--012 \$490.00

2022 OCT 31 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF LIMITED LIABILITY COMPANY** BELLA'S LATIN & CARIBBEAN BISTRO LLC

**DOCUMENT NUMBER:** LL21000221462

The enclosed *Articles of Amendment* and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREN FLETCHER  
Name of Contact Person

LAUREN FLETCHER, NOTARY PUBLIC  
Firm/Company

26400 SW 182<sup>ND</sup> AVE  
Address

HOMESTEAD, FL 33031  
City/State and Zip Code

FREZYMIA@YAHOO.COM  
e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREN FLETCHER, NOTARY PUBLIC at  
Name of Contact Person

(305) 316-3430  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$25 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  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF LIMITED LIABILITY COMPANY: BELLA'S LATIN & CARIBBEAN BISTRO

DOCUMENT NUMBER: L21000203766

The enclosed *Articles of Amendment* and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREN FLETCHER

Name of Contact Person

LAUREN FLETCHER, NOTARY PUBLIC

Firm/Company

26400 SW 182<sup>ND</sup> AVE

Address

HOMESTEAD, FL 33031

City/State and Zip Code

FREZYMIA@YAHOO.COM

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

For further information concerning this matter, please call:

LAUREN FLETCHER, NOTARY PUBLIC at

Name of Contact Person

(305) 316-3430

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$25 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**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT 31 AM 11:29

FILED

**Articles of Amendment  
to  
Articles of Organization of**

**BELLA'S LATIN & CARIBBEAN BISTRO LLC**  
**(Name of Limited Liability Company as currently filed with the Florida Dept. Of State)**

The Articles of Organization for this Limited Liability Company were filed on **May 03, 2021**, and assigned

**LL21000221462**  
(Document Number of Limited Liability Company)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the Limited Liability Company:**

*The new name must be distinguishable and contain the word "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."*

**B. Enter new principal office address, if applicable:** **26400 SW 182 AVE**  
(Principal office address MUST BE A STREET ADDRESS) **HOMESTEAD, FL 33031**

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

**LAUREN FLETCHER**

New Registered Office Address:

**26400 SW 182<sup>ND</sup> AVE**

(Florida street address)

**HOMESTEAD, Florida**

(City)

**33031**

(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..*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Authorized Person(s) authorized to manage, enter the title, name and address of each person being added or removed from our records: (Attach additional sheets, if necessary)

Please note title as listed below:

MGR= Manager; AMBR= Authorized Member.

Type of Action	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>MGR</u>	<u>GAETCHING PIERRE LOUIS</u>	<u>20641 NW 7<sup>TH</sup> CT</u> <u>MIAMI GARDENS, FL 33162</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>MGR</u>	<u>IRISDALYS CAMEJO</u>	<u>4801 NW 7<sup>TH</sup> ST</u> <u>APT 604</u> <u>MIAMI, FL 33126</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>YOAN PEREZ DAVILA</u>	<u>4801 NW 7<sup>TH</sup> ST</u> <u>APT 604</u> <u>MIAMI, FL 33126</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>LORENA D RUIZ CAMEJO</u>	<u>4801 NW 7<sup>TH</sup> ST</u> <u>APT 604</u> <u>MIAMI, FL 33126</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
7) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
8) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
9) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

(Attach additional sheets, if necessary). (Be specific)

**Filing Fee: \$25.00**