

L2200000598 71

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

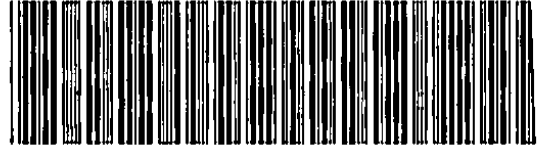
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300397714043

11/28/22--11002--012 **2

2022 NOV 28 AM 10:27
SECRET
FALL 2022
FBI

TO: Registration Section
Division of Corporations

SUBJECT: Havana Night Restaurant and Bakery 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:

Fariba Byhardt

Name of Person

Fariba Byhardt Accounting and Taxes

Firm/Company

2501 High Avenue

Address

Panama City, Florida 32405

City/State and Zip Code

faribabyhardt64@yahoo.com

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

For further information concerning this matter, please call:

Fariba Byhardt

850

276-4507

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)

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

2022 NOV 28 AM 10:27
SECRET

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

Havana Night Restaurant and Bakery 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 01/18/2022 and assigned
Florida document number L22000059877.

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 "LLC."

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 an existing Authorized Person(s) authorized to manage, enter the new member into our system or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Ernesto Romero Llaguno	2922 Ormond Ave	<input type="checkbox"/> Add
		Panama City, FL 32405	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Char
MGR	Jose C Perez Perez	1914 Frankford Ave	<input type="checkbox"/> Add
		Apt 623	<input type="checkbox"/> Remo
		Panama City, FL 32405	<input checked="" type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang

2022 NOV 28 AM 10:27
SECRETARY'S OFFICE
TAMM HOSPITAL

SECRET
NOV 28 5410:27
MAIL ROOM

2022 NOV 28 5:10:27
SECRET
FALL 1964

(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 605.0

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 October 31, 2022

Jose Delos
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jose C. Perez Perez

Typed or printed name of signee

Filing Fee: \$25.00