## L22000337884

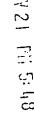
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Office Use Only



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12/7/2023

## **COVER LETTER**

Registration Section Division of Corporations

TO:

NAVARRI SUBJECT:	ETE'S MOBILE BAR LLC		
30BJEC1:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOAN NAVARRETE		
		Name of Person	
		Firm/Company	
	3375 ANTIGUA LANE 30		
	TAMPA FL US 33614	Address	
	JNAVARRETE76@ICLOU		. <del></del>
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all;	
JOAN NAVARRETE		813 4014878 at ()	
Name c	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>radditional copy is enclosed)</li> </ul>
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20231107.21 P.1.5:48

(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our Diability Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L22000337884</u>	iability Company	were filed on AUGUST	01, 2022 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:		
NATIONAL NAVARRETE LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	16564 NORTHDALE C	AKS DR	
If amending name, enter the new name of the limited lia ATIONAL NAVARRETE LLC e new name must be distinguishable and contain the words "Limited Lia atter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office ent and/or the new registered office address here:  Name of New Registered Agent:    OAN NAVA	TAMPA, FL. US 3362-	 		
Enter new mailing address, if applicable:		16564 NORTHDALE C	_	
(Mailing address MAY BE A POST OFFICE	BOX)	TAMPA, FL. US 33624		
• • • • • • • • • • • • • • • • • • • •	ss here:		enter the name of the new registered	
Name of New Registered Agent:	JOAN NAVAR	RRETE		
The Articles of Organization for this Limited Florida document number L22000337884  This amendment is submitted to amend the factor of the new name in the factor of the new name must be distinguishable and contain the factor of the new name must be distinguishable and contain the factor of the new principal offices address, if applicables and office address MUST BE A STR.  Enter new mailing address, if applicables and address MAY BE A POST OFFICE (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/orgent and/or the new registered office address:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing the process of the appointment as registered process of the obligations of my position as respecting filed to merely reflect a change in the prince of the obligations of my position as respecting filed to merely reflect a change in the prince of the obligations of of the	16564 NORTH	DALE OAKS DR		
	Enter Florida street address		address	
	ТАМРА		, Florida <u>33624</u>	
	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City	Zip Code	
-				
provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the	er and complete istered agent as pregistered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	
	If Char	nging Registered Agent, <u>Sig</u> n	ature 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>	Type of Action
			□Add
			□Remove
			□Change
···-			
			□Remove
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ffect	ive date, if other than the date of filing: (optional) lective 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 605.02	0773
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed:	as th
locum	ent's effective date on the Department of State's records.	
	d 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	ne
d is fi	led.	
	NOM 07 2022	
Dated	NOV 06 2023	
	Signature of Linember or authorized representative of a member	

Typed or printed name of signee