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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration So Division of Con			* n
	ANÎTOS VICE LEC	·	
SUBJECT:	Name of Lim	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:	
	MEYLIN ORTA PINEDA		
		Name of Person	
		Firn/Company	
	1353 N CONRAD AVE		<u></u>
	SARASOTA, FL 34237	Address	
	CUBANITOSVICE@GMA	City. State and Zip Code	
	E-mail address: (to be used for future annual (eport notification)	
For further information of	concerning this matter, please co	all:	
MEYLIN ORTA PINEI	λ	305 2182916 at ()	
Name (of Person	at () Area Code Daytime Telepho	ne 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)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street	see ,
i allallassee,	1. har 27 da 27 ti 1.	Tallahassee, FL 32303	. State or o

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS CUBANITOS' VICE LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited I florida document number 1.24000179241	Liability Compan	y were filed on 04/1	6/2024	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the des	agnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	·	
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our re	cords, <u>enter the</u> na	me of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			_
	<u> </u>	Enter Florid	la street address	
	N/A		, Florida <u>-</u>	√/A
		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 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>	Address	Type of Action
AMBR	YUCET VARONA		🗆 Add
		734 TARPON AVE. SARASOTA, FL 34237	≡ Remove
			□Change
AMBR	ANIEL ARAGONES	1353 N CONRAD AVE. SARASOTA, FL 34237	= Add
			□Remove
			□Change
		□Add	
			Remove
		Change	
		□Add	
			Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			FlChance

. 11 21119	nding any other information, enter change(s) here: (Attach additional sheets, if neces:	sary.)
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Note:	ve date, if other than the date of filing:	i al) ling.) Pursuant to 605.0207 (3 late will not be listed as th
he reco ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th day after the
	0. 40	-
Dated	06-13 zoz4	•
	<u> </u>	
	Signature of a member or authorized representative of a member	
	Signature (i) a network of administrator representative of a member	•

Filing Fee: \$25.00

Typed or printed name of signee