L24000203644

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: NUEVA C	ANTINA LLC			
SUBJECT: TELLING		nited Liability Company	· ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RAUL MEDINA			
		Name of Person		
	NUEVA CANTINA LLC			
		Firm Company		
	690 Main St Unit 717			
		Address		
	SAFETY HARBOR, FL 3			
	RMEDINA.TM@GMAIL.	City/State and Zip Code COM		
	E-mail address: (to be used for future annual report no	tification)	
For further information o	oncerning this matter, please c	ali:		
RAUL MEDINA		at (404) 360-1303		
Name o	f Person	at (404) 360-1303 Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	ne 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 Addres		Street Address:		
Registration Section Division of Corporations			Registration Section	
P.O. Box 632		Division of Co The Centre of		
Tallahassee. 1			rananassee De Street, Suite 810	
	· · · · · · · · · · · · · · · · · · ·	=		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUEVA CANTINA LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on 05/01/2024	and assigned
Fforida document number L24000203644		
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 L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
P. If amouding the registered upont and/or registered a SI	lan addina a an ann an an an an an an an an an a	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records,	enter the name of the new registered
Name of New Registered Agent:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
New Registered Office Address:		·
The registres office reduces.	Enter Florida street	address
		. Florida
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duti as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
company has been notified in writing of this change.	ace adaress, i nereoj (Onji)	m una me umnea navmiy

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>	Address	Type of Action
MGR	CLAUDIO HERNANDEZ	690 MAIN ST UNIT 717	■Add
		SAFETY HARBOR, FL 34695	□Remove
		690 MAIN ST UNIT 717	□Change
MGR DANNY JIMENEZ	DANNY JIMENEZ	SAFETY HARBOR, FL 34695	■Add
			□Rенюve
			□ Change
		□Add	
			□Remove
			□Change
			
		······	□Remove
		□Change	
		🗀 Add 🕡	
		□Renюve	
		☐ Change	
			□Add
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)
	-
	· · · · · · · · · · · · · · · · · · ·
(If an et	(optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco ord is f	rd 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 election
Dated	MAY 16TH . 2024 .
	Signature of a member of authorized representative of a member
	RAUL MEDINA Typed or printed name of signee

Filing Fee: \$25.00