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(City/State/Zip/Phone #)

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CLERK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NUEVA CANTINA 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:

RAUL MEDINA

Name of Person

NUEVA CANTINA

Firm/Company

690 Main St Unit 717

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

RMEDINA.TM@GMAIL.COM

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

For further information concerning this matter, please call:

RAUL MEDINA

Name of Person

at ( 404 ) 360-1303

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

## NUEVA CANTINA LLC

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CLAUDIO HERNANDEZ	690 MAIN ST UNIT 717	<input type="checkbox"/> Add
		SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUILLERMO JIMENEZ	690 MAIN ST UNIT 717	<input type="checkbox"/> Add
		SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 28<sup>th</sup>, 2024

Signature of a member or authorized representative of a member

RAUL MEDINA

Typed or printed name of signee

**Filing Fee: \$25.00**