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COVER	LETTER
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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 (<u>404</u>) <u>360-1303</u> Area Code <u>Davi</u>

e Daytime Telephone Number

Enclosed is a check for the following amount:

■ S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUEVA CANTINA LLC	many as it now appears on our records)	
(A Florida Limite	i <mark>pany as it now appears on our records.</mark>) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>04/30/2024</u>	and assigned
Florida document number <u>L24000203644</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
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 offic ogent and/or the new registered office address here:	e address on our records, <u>enter th</u>	
		1
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

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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 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

. .

Title	Name	Address	<u>Type of Action</u>
AMBR	CLAUDIO HERNANDEZ	690 MAIN ST UNIT 717	🗆 Add
		SAFETY HARBOR, FL 34695	Remove
			□ Change
AMBR	GUILLERMO JIMENEZ	690 MAIN ST UNIT 717	🗆 Add
		SAFETY HARBOR, FL 34695	≣Renxove
			🗋 Change
		·····	🗆 Add
			□Remove
			□Change
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			🗆 Change
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			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

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

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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.

June 2	g/h 2024
	Signature of a member of authorized representative of a member
RAUL MEDINA	\mathcal{C}
-	JUNE CE

Typed or printed name of signee

Filing Fee: \$25.00