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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CUBAN'S BITES	CATERING, LLC	
	1BER :		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Yemelin Perez		
		Name of Contact Persor	
		Firm/ Company	
	121 East 53 Terrace		
		Address	
	Hialeah, FL 33013		
		City/ State and Zip Code	
	cubanbitescatering@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter. plea:	se call:	
Yemelin Perez		at (786	237-1380 de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 tllahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303



AUG 0 8 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2024

YEMELIN PEREZ 121 E 53RD TER HIALEAH, FL 33013

SUBJECT: CUBAN'S BITES CATERING, LLC

Ref. Number: L24000275336

We have received your document for CUBAN'S BITES CATERING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 724A00016336

Rebekah Lefeavers Regulatory Specialist III

www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: CUban	's Bites 1	Catering, LLC	
<u> </u>	Name of Limit	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
_	Yemelin	Perez	
	r	Name of Person	
_		Firm/Company	
_			
	Dan's Bites Catering, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Vemelin Perez		
_		<u> </u>	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Jemel E-mail address: (to	in @ a++.ne+ be used for future annual report notific	cation)
For further information concer			
Jemelin Pe	H2	at (786) 237	1380
,		•	•
Enclosed is a check for the fol	lowing amount:		
□ \$25.00 Filing Fee □		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	
Registration Secti		Registration Sect	
Division of Corpo	orations	Division of Corp The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cuban's Bites Cate (Name of the Limited Liability Compar (A Florida Limited L.)	ening, LLC	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000275336</u>	were filed on 6/17	12024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabiled Cuban Bites Catering. The new name must be distinguishable and contain the words "Limited Liabiled".	LLC	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 AUG -8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	mp sour
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity.	I further agree to comply with the , 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			\ \ \ _Add
			Remove
			☐ Change
		<u> </u>	
			Remove
			□ Change
		<u></u>	□Add
			□Remove
			[]Change

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•	
Note:	ive date, if other than the date of filing:
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 led.
Dated	July 29 . 2024
	1 1 / // // // /
	Signature of a thember of authorized representative of a member

Filing Fee: \$25.00