

L24 000 370764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

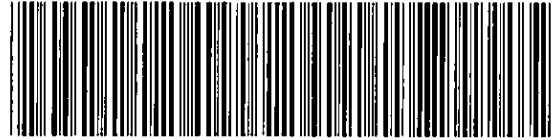
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400436873554

09/20/24--01013--031 **25.00

2024 SEP 20 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pedals Cafe

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:

Glenda Casado

Name of Person

Glenda Casado

Firm/Company

1529 Jerstad Way

Address

Kissimmee FL 34746

City/State and Zip Code

casado116@GMail.com

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

For further information concerning this matter, please call:

Angel Pantigas

Name of Person

at (781) 525-5487

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

SECRETARY OF STATE
TALLAHASSEE, FL
2024 SEP 20 PM 2:50

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pedals Cafe LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/23/2024 and assigned Florida document number L24000370764

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pedals Cafe

The new name must be distinguishable and contain the words "Limited Liability 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)

1529 Jerstad way
Kissimmee, FL 34748

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

2024 SEP 20 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Angel Pan-tjas

New Registered Office Address:

1529 Jerstad way

Enter Florida street address

Kissimmee

City

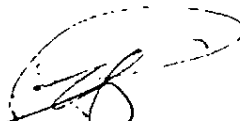
Florida

34746

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 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>
MGR	Angel Pantojas	1529 Jerstad Way	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 SEP 20 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 20 PM 2
SECRET A31000
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

09/05/2024

_ (optional)

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.

Dated 09/05/2024 : _____

E. H. M. M. M.

Signature of a member or authorized representative of a member

Glenda Casado

Typed or printed name of signee