

L-25 0000 57489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

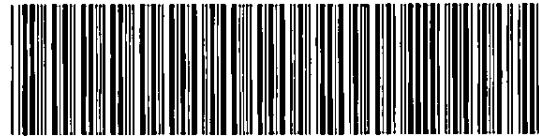
(Business Entity Name)

(Document Number)

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2025 FEB 14 PM 4:30

CLERK OF COURT
JANUARY 14, 2025

SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AJUA MEXICAN RESTAURANT 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:

Maura Gonzalez

Name of Person

Firm/Company

10248 Heather Glen Dr.

Address

Jacksonville FL 32250

City/State and Zip Code

MGCC7@aol.com

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

For further information concerning this matter, please call:

Maura Gonzalez

Name of Person

at (904) 710-3839

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

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

AJUA MEXICAN RESTAURANT 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 02/02/2025 and assigned
Florida document number L25000057489.

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 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)

311 3RD STREET NORTH SUITE 107

JACKSONVILLE BEACH FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

311 3RD STREET NORTH SUITE 107

JACKSONVILLE BEACH FL 32250

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
2025 FEB 14 PM 4:59
CLERK OF THE COURT
JACKSONVILLE

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

ONE OF THE OFFICER NAMES MUST BE CORRECTED. FIRST NAME AND LAST NAME SHOULD BE
FLIP. CORRECT NAME IS AS FOLLOWING.

FIRST NAME: MOHAMMAD LAST NAME: AZHAR

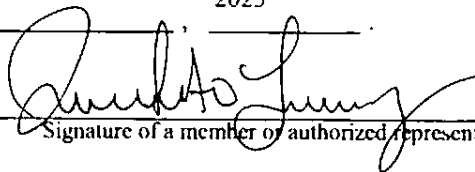
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 FEBRUARY 12TH 2025



Signature of a member or authorized representative of a member

ROBERTO LOPEZ

Typed or printed name of signee

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ROBERTO LOPEZ
13935 BLUEGRASS DR LOT 385
JACKSONVILLE, FL. 32250 US

L25000057489
FILED 8:00 AM
February 03, 2025
Sec. Of State
wlawrence

Title: MGR
~~AZHAR MOHAMMAD~~ Mohammad Azhar.
141 PARKBLUFF CIRCLE
PONTE VEDRA, FL. 32081 US

Signature of member or an authorized representative

Electronic Signature: ROBERTO LOPEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L25000057489
FILED 8:00 AM
February 03, 2025
Sec. Of State
wlawrence**

Article I

The name of the Limited Liability Company is:

AJUA MEXICAN KITCHEN LLC

Article II

The street address of the principal office of the Limited Liability Company is:

311 3RD ST N
JACKSONVILLE BEACH, FL. 32250 Suite 107

The mailing address of the Limited Liability Company is:

311 3RD ST N
JACKSONVILLE BEACH, FL. 32250 Suite 107

Article III

The name and Florida street address of the registered agent is:

ROBERTO LOPEZ
13935 BLUEGRASS DR
LOT 385
JACKSONVILLE, FL. 32250

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROBERTO LOPEZ