

L08000020136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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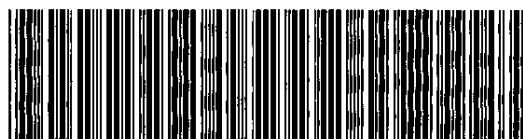
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 24 PM 3:29

T. HAMPTON  
SEP 27 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Delicias Latinas, L.L.C  
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:

CLAUDIA P. GOMEZ  
Name of Person

Delicias Latinas, L.L.C  
Firm/Company

4950 Darlington Rd.  
Address

Holiday, FL 34690  
City/State and Zip Code

cp31@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA P. GOMEZ at ( 727 ) 612-8417  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 SEP 24 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 30, 2010

CLAUDIA P GOMES  
4950 DARLINGTON RD  
HOLIDAY, FL 34690

SUBJECT: DELICIAS LATINAS, L.L.C.  
Ref. Number: L08000020136

We have received your document for DELICIAS LATINAS, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 410A00020776



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 AUG 27 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 12, 2010

CLAUDIA P GOMEZ  
4950 DARLINGTON RD  
HOLIDAY, FL 34690

SUBJECT: DELICIAS LATINAS, L.L.C.  
Ref. Number: L08000020136

We have received your document for DELICIAS LATINAS, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00019400

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

Delicias Latinas, 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 February, 25, 2008 and assigned  
Florida document number L08000020136.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)**

4950 Darlington Rd

Holiday, FL 34690

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4950 Darlington Rd

Holiday, FL 34690

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DIVISION OF CORPORATIONS  
10 SEP 24 PM 3:29

**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:

CLAUDIA P GOMEZ

New Registered Office Address:

4950 Darlington Rd

*Enter Florida street address*

Holiday

*City*

, Florida

34690

*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 608, 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.*

Claudia P Gomez

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hena J Guerrero de Munoz		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Claudia P Gomez		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated September 20, 2010.

Claudia P Gomez

Signature of a member or authorized representative of a member

Claudia P Gomez

Typed or printed name of signee

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 DIVISION OF CORPORATIONS  
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