

L12000057951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

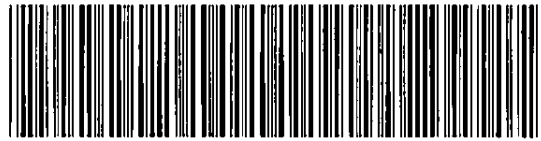
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

THE FOLLOWING ARTICLES WERE UPDATED
By THE EXAMINER TO MEET THE FILING
REQUIREMENTS.

J. DENNIS
10/23/24

Office Use Only



100436969951

10/23/24-FILED-1004-1004-1004-1004

FILED
2024 OCT - 1 AM 10:36
SECRETARY OF STATE
MAINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Bohio Food Services, 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:

Alegna Rodriguez

Name of Person

El Bohio Food Services, LLC

Firm/Company

24255 South Dixie Hwy

Address

Homestead, FL 33032

City/State and Zip Code

rodriguezalegna@yahoo.com

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

For further information concerning this matter, please call:

Alegna Rodriguez

Name of Person

at (786) 545-2109

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**

EL BOHIO FOOD SERVICES, 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 09/05/2024

Florida document number L12000057951

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:

24255 South Dixie Hwy Homestead, FL 33032

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

28365 SW 136th Ave Homestead, FL 33033

(Mailing address MAY BE A POST OFFICE BOX)

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:

Alegna Rodriguez

New Registered Office Address:

28365 SW 136th AVE

Enter Florida street address

Homestead

City

Florida

33033

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.

SEE LAST PAGE

If Changing Registered Agent, Signature of New Registered Agent

2024-09-11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AM 10:36

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>
<u>MGR</u>	<u>Alegna Rodriguez</u>	<u>28365 SW 136th Ave Homestead, FL 33033</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Maritza Treto</u>	<u>28365 SW 136th Ave Homestead, FL 33033</u>	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

Note: If the date inserted in this block cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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 September 5th, 2024

Signature of a member or authorized representative of a member

Alegna Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00