

L13000133591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

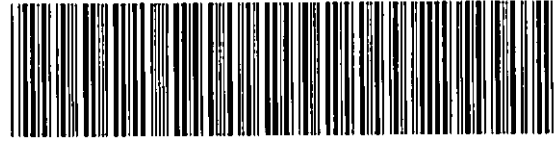
(Business Entity Name)

(Document Number)

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2017 NOV 20 PM 2:04
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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA REYNA DE MICHTOACAN ICE CREAM 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:

MARIA N. VALVERDE
Name of Person

LA REYNA DE MICHTOACAN ICE CREAM LLC.
Firm/Company

1949 DREW ST.
Address

CLEARWATER, FL 33765
City/State and Zip Code

M-valverde07@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA N. VALVERDE at (727) 423-1864
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

November 6, 2017

MARIA N VALVERDE
1949 DREW ST
CLEARWATER, FL 33765

SUBJECT: LA REYNA DE MICHOACAN ICE CREAM LLC
Ref. Number: L13000133591

We have received your document for LA REYNA DE MICHOACAN ICE CREAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00022442

2017 NOV 20 PM 2:45

2017 NOV 20 PM 2:04

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

LA REYNA DE MICHUACAN ICE CREAM 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 09/23/2013 and assigned Florida document number L13000133591

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)

Enter new mailing address, if applicable:

(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:

MARIA N. VALVERDE

New Registered Office Address:

1949 DREW ST.

Enter Florida street address

CLEARWATER

City

Florida

33765

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 <input checked="" type="checkbox"/>	MARIA L. VALVERDE	1949 DREW ST.	<input type="checkbox"/> Add
		CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE O. VALVERDE	1949 DREW ST.	<input type="checkbox"/> Add
		CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA N. VALVERDE	1949 DREW ST.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

MARIA N. VALVERDE

Typed or printed name of signee

2017 NOV 20 PM 2:06