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COVER LETTER

Division of Cor			
	da Products LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christian Gomez		
		Name of Person	
	La Hacienda Products LLC		
		Firm/Company	
	8465 Hammocks BLVD A	PT 1202	
		Address	
	Miami, FL 33193		
		City/State and Zip Code	<u> </u>
	lahaciendachris@gmail.com E-mail address: (n to be used for future annual report no	tification)
For further information c	concerning this matter, please c		
Christian Gomez		786 6449214	
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 1 Division of C	Section	<u>Street Address:</u> Registration So Division of Co	

P.O. Box 6327

12 1 1 1 1 1 1

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Hacienda Products LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(k.)</u>
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{1.14000091204}{}$.	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2024 TA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	THE AHAS SEE, FAILE the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	5.5
		lorîda Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, a nt as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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

23 8 2 6 6

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christian Gomez	8465 Hammocks BLVD APT 1202, Miami, FL 3319.	3 ≡ Add
			□Remove
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			□Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bid document's effective date on the D	at be specific and cannock does not meet t	not be prior to date of the applicable sta	tutory filing requir	ements, this date will r	ant to 605,0207 (3 tot be listed as th
he record specifies a delayed effective ord is filed.	e date, but not an e	ffective time, at	[2:01 a.m. on the ea	arlier of: (b) The 90th	day after the
Dated November 21)24			
	unso	mi	<u></u>		
	, -,				
Dated November 21	Signature of a memb	per or authorized re	presentative of a mer	nber	

Filing Fee: \$25.00