

21500009503

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC
Account Number : I201400000083
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DELICIOUS BROTHER LLC

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Corporate Filing Menu

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K. SALY
NOV 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELICIOUS BROTHER 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:

MAIBILYN J. MORAN G.

Name of Person

DELICIOUS BROTHER LLC

Firm/Company

13319 GLACIER NATIONAL DR

Address

ORLANDO FL 32837

City/State and Zip Code

MOGUMAJO@HOTMAIL.COM

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

For further information concerning this matter, please call:

MAIBILYN J. MORAN G.

407 7059649
at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DELICIOUS BROTHER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/15/2015 and assigned
Florida document number L15000009503

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**)

13319 GLACIER NATIONAL DR

ORLANDO FL 32837

Enter new mailing address, if applicable:

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

13319 GLACIER NATIONAL DR

ORLANDO FL 32837

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

City, 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

Page 1 of 3

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	MAIBILYN J. MORAN GUAREG	13319 GLACIER NATIONAL DR	<input type="checkbox"/> Add
		ORLANDO FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ARMANDO J NAVAS	1307 IVY MEADOW DR	<input type="checkbox"/> Add
		ORLANDO FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOELKYS ESQUIVEL	13306 GLACIER NATIONAL DR	<input type="checkbox"/> Add
		ORLANDO FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 10/28 2016

Signature of a member or authorized representative of a member

MAIBILYN J. MORAN GUARIGUA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00



November 1, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DELICIOUS BROTHER LLC
697 CRESTING OAK CIR
ORLANDO, FL 32824

SUBJECT: DELICIOUS BROTHER LLC
REF: L15000009503

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

DOCUMENT SUBMITTED IS ILLEGIBLE.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000267500
Letter Number: 816A00023391

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