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(Re	equestor's Name)
(Ac	ddress)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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# **COVER LETTER**

#### **Registration Section** TO: Division of Corporations

SUBJECT: Lempira Distribution 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:

Ivanna Garcia-Velez

Name of Person

Lempira Distribution LLC

Firm/Company

8519 NW 72nd St

Address

Miami, FL 33166

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City/State and Zip Code

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

For further information concerning this matter, please call:

Ivanna Garcia-Velez

at (561 ) 373-1261 Area Code Day Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

🗆 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 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

Lempira Distribution LLC

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

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)

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(Mailing address MAY BE A POST OFFICE BOX)	 <u> </u>	-
Enter new mailing address, if applicable:	 - VOI	

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 addr	¥33
		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

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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>	Name	Address	Type of Action
MGR	Valentin Suarez	8519 NW 72nd St, Miami FL 33166	🗆 Add
			Remove
			Change
AMBR	Ivanna Garcia-Velez	1500 NE Miami PI, Miami FL 33132	🗟 Add
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			11/1/2023				
(If an effe <u>Note:</u>	ective date is listed, the d If the date inserted in	in the date of filing: ate must be specific and o this block does not me the Department of Sta	annot be prior to da set the applicable	te of filing or more th statutory filing req	option: (option: (uirements, this d	ing.) Pursuant to 605	i.0207 (3)(b) ed as the
		· a					
If the record record is fil-		ffective date, but not a	n effective time, 1	at 12:01 a.m. on th	e earlier of: (b)	The 90th day afte	r th <del>e</del>
	11/1/2023		~				

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

11/1/2023	$\wedge$
Dated	······································
	Signature of a member sector sector of a member
	Curles Viii) Sanchez
	Typed or printed name of signee