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# Legal Action Bureau

Legal Action Bureau 4417 13<sup>th</sup> Street STE 141 St. Cloud, Florida 34769

Phone: 888-360-0060 Fax: 360-359-7999

corporate@legalactionbureau.com

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

To Whom It May Concern,
Please find enclosed Articles of Amendment.

### **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Las	Name of Lim	e Carmen LL pited Liability Company	. C
	of Amendment and fee(s) are subspondence concerning this matter		
	Allen	Santacruz Name of Person	. <u> </u>
	Lega	Action Bur	reau
	4417 1	3th Street, Sto	2.141
	ST. Cloud	d, Florida 347 City/State and Zip Code arte @ legalac	69 tion bureau.com
For further information	n-mail address: (		fication)
Allen	Santacruz e of Person	at ( <u>407</u> )Daytim	6-1957 e Telephone Number
Enclosed is a check fo	r 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

Las Delicias	De Carn	nen LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appe ted Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Comp	any were filed on _	10/21/2	2 <b>d6</b> and as	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company l	nere:			
The new name must be distinguishable and contain the words "Limited LEnter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		designation "LLC" or the	abbreviation "I ALL 24	L.C."	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH 3: 35	\$170	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	<u>here</u> :			_	<del>.</del>
Name of New Registered Agent:	Illen S	antacruz	<del> </del>		-
New Registered Office Address:	20 Broade	untquuz way, Ste. 10 orida street address	03, 15:	ss:mme	e, fud
					21,1
	Cin	, Florida _	Zin Code	71	-

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Blake DiPriest	& Broadway, Ste 10!	O M Add
		14:ss:mmee, Florida 34	1741  Remove
			Change
M6R	MARIA L TORREST CASTANEDA	120 Broadway, STE10 15285Immee, Florida 34	<u>⊠</u> □ Add
		Kissimmee, Florida 34	741 Remove
			Change
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an effectiv lote: If th	date, if other than the re date is listed, the date mu he date inserted in this b 's effective date on the f	st be specific an lock does not	d cannot be prio meet the applic	r to date of filing c cable statutory f	r more than 90 d		) Pursuant t	
The 90	d specifies a delaye th day after the rec	ord is filed					on the e	arlier
ated	JULY ?	20	. <u>2017</u>	<u>7_</u> .			<b>5</b> 1.	<b>~</b> 3
	Maria L	Signature of a	member or auth	orized representa	ive of a member	<del>-</del> -	SLUZE:	701r 110.
	Maria L	Tori	ces-C	astan	eda		KRY C	24
	1 (0(11)		Typed or print	ed name of cions				
	1 10/1/10		Typed or print	ed name of signe			4.7	ညာ ုံ သ

Filing Fee: \$25.00