## L16000 226472

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

10		gistration Sec		•	· ·
SU	BJECT:		BRANDS LLC		
	DULCII		Name of Limi	ted Liability Company	<del></del>
The	e enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Ple	ase returi	n all correspor	ndence concerning this matter t	to the following:	
			DENNIS F. BELLIDO		
				Name of Person	
			PERUVIAN BRANDS LL	С	
				Firm/Company	<del>-</del>
			300 CIRCLE DR		
				Address	
			HIALEAH FLORIDA 330	10	
				City/State and Zip Code	
			PERUVIANBRANDS@YA		<u>.</u>
			E-mail address: (t	o be used for future annual report notific	cation)
Foi	further i	nformation co	oncerning this matter, please ca	ii:	
		Name of	Person	at ()at ()	Telephone Number
En	closed is	a check for th	e 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

( <u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	y appears on our records.)
ne Articles of Organization for this Limited Liability Company were filed orida document number $\frac{L16000226472}{L16000226472}$	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability comp	pany here:
e new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
iter new mailing address, if applicable:	MAY 2
failing address MAY BE A POST OFFICE BOX)	
	77.
If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	

## 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.

City

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>	Address	Type of Action
AMBR	EDGARDO R GAMARRA	400 95TH ST	
		SURFSIDE FL 33154	■ Remove
			☐ Change
AMBR	CHRISTIAN O. VIVANCO	300 CIRCLE DR	□ Add
		HIALEAH, FL 33010	■ Remove
			☐ Change
AMBR	RAUL GABRIEL GAYOSO	15958 SW 8 ST	Add
		PEMBROKE PINES, FL 33027	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
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,			Change
			Add
		<del></del>	□ Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00