

L17000133069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

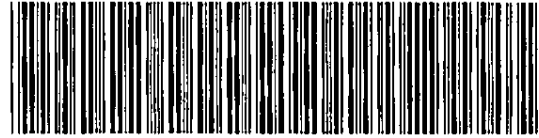
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100304079351

10/18/17--01015--016 **25.00

FILING CANCELLED
RETURNED CHECK

FILED

17 OCT 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JZ
10/18/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cleaving Los Hermanos LLC.
Name of Limited Liability Company

**FILING CANCELLED
RETURNED CHECK**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dylan Fernando Conde.
Name of Person

Cleaving Los Hermanos LLC
Firm/Company

7208 W Sand Lake Rd Suite #308.
Address

Orlando, FL, 32819.
City/State and Zip Code

Cleaving los hermanos@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dylan Conde at (407) 607-9147.
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

FILING CANCELLED
RETURNED CHECK

Cleaving Los Hermanos LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/19/2017 and assigned
Florida document number L17000133069.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
17 OCT 18 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dylan Fernando Conde

New Registered Office Address:

7208 W Sand Lake Rd, Suite #305.

Enter Florida street address

Orlando Florida 32819

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.

[Signature]
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:

**FILING CANCELLED
RETURNED CHECK**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dylan Carde	7900 Cumberland Park Dr	<input type="checkbox"/> Add
		Apt # 7201,	<input type="checkbox"/> Remove
		Orlando, FL 32829	<input checked="" type="checkbox"/> Change
MGR	Stephanie		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Castro	Palmas.	<input type="checkbox"/> Add
		7900 Cumberland Park Dr	<input type="checkbox"/> Remove
		Apt # 7201 Orlando, FL, 32829.	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arabel Rodriguez	238 High Ridge	<input checked="" type="checkbox"/> Add
		Dr, Davenport, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILING CANCELLED
RETURNED CHECK

FILED
17 OCT 18 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 October 17th 2017

Signature of a member or authorized representative of a member

Dylan Conde
Typed or printed name of signee