12/17/24, 6:26 PM Division of Corporations

L18000054770

Florida Department of State
Division of Corporations
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From:
Account Name : DCM SERVICES CENTER INC
Account Number : I20220000102
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMPANADAS & AREPAS FACTORY LLC

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K. SALY

DEC 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPANADAS & AREPAS FACTORY 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:

JULISSA ROSADO
Name of Person

DCM SERVICES CENTER INC
Firm Company

10034 STATE RD 52
Address

HUDSON, FLORIDA 34669
City/State and Zip Code

DCMSERVICESCENTER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULISSA ROSADO at (813) 990-8630
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 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

FILED
2024 DEC 20 PM 1:10
TALLAHASSEE, FLORIDA

EMPANADAS & AREPAS FACTORY 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 03/01/2028 and assigned Florida document number L18000054770.

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)

_____
_____
_____

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

_____, 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

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

Title	Name	Address	Type of Action
AMBR	LEOPOLDINA LOPEZ	9672 MAGNOLIA BLOSSOM DR	☐ Add
		WESLEY CHAPEL, FL 33626	■ Remove
			☐ Change
AMBR	MATEO DIAZ	9672 MAGNOLIA BLOSSOM DR	■ Add
		WESLEY CHAPEL, FL 33626	☐ Remove
			☐ Change
AMBR	MIGUEL A FLORES	7812 N CLARK AVENUE	☐ Add
		TAMPA, FLORIDA 33614	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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

EFFECTIVE IMMEDIATELY MS LEOPOLDINA LOPEZ TRANSFERS 50% OF MEMBERSHIP INTEREST

TO MR. IAN MATEO DIAZ AND MR. MIGUEL A FLORES TRANSFERS 25% OF MEMBERSHIP

INTEREST MR. JAIME CAMPUZANO.

AS OF THIS CHANGE MR. JAIME CAMPUZANO HOLDS 50% MEMBERSHIP INTEREST AND MR.

IAN MATEO DIAZ HOLDS 50% OF MEMBERSHIP INTEREST.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12/09/2024 **(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 DECEMBER 09 2024

Leopoldina Lopez

Signature of a member or authorized representative of a member

LEOPOLDINA LOPEZ

Typed or printed name of signee

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Filing Fee: $25.00