

L18000094641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

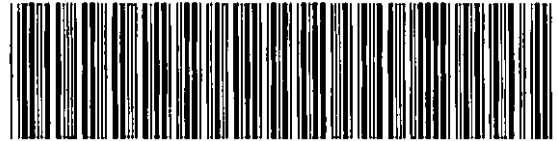
(Document Number)

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J. HORNE  
JUL 11 2023

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL 10 PM 1:00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL 10 PM 12:33

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## COVER LETTER

TO: • Registration Section  
Division of Corporations

SUBJECT: DELICIOSO 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:

EVENS ST LOUIS

\_\_\_\_\_  
Name of Person

DELICIOSO LLC

\_\_\_\_\_  
Firm/Company

409 N HWY 17-92

\_\_\_\_\_  
Address

LONGWOOD, FLORIDA 32750

\_\_\_\_\_  
City/State and Zip Code

INFO@NOSTALGIAGASTROBAR.COM

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

For further information concerning this matter, please call:

JAIRO VELASQUEZ

407

946-4084

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

DELICIOSO LLC

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

FILED  
2023 JUL 10 PM 1:33  
SECRETARY OF  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 04/16/2018 and assigned  
Florida document number L18000094641.

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

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAIRO VELASQUEZ	409 N HWY 17-92	<input type="checkbox"/> Add
		LONGWOOD, FLORIDA 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EVENS ST LOUIS	1057 HIAWASSEE RD	<input checked="" type="checkbox"/> Add
		APT 1922	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32835	<input type="checkbox"/> Change
MGR	STEPHANE EDOUARD	1057 HIAWASSEE RD	<input checked="" type="checkbox"/> Add
		APT 1922	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32835	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Erving ST Lantz  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**