

L190000188722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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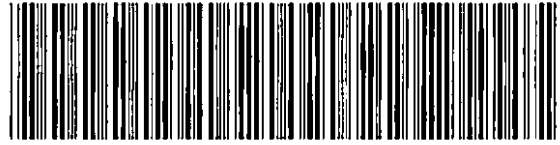
(Business Entity Name)

(Document Number)

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2023 OCT 10 PM 5:20

cf 10/17/2023

COVER LETTER

TO: Registration Section
Division of Corporations

LECHONERA MERENGUE LLC

SUBJECT: _____
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:

Stephen Guerrero

Name of Person

GUERRERO LAW GROUP PLLC

Firm/Company

240 SW 8th Ave

Address

Miami, FL 33055

City/State and Zip Code

sguerrero@theguerrerolaw.com

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

For further information concerning this matter, please call:

Stephen Guerrero

954 410-4338

Name of Person

at (_____) _____

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**

LECHONERA MERENGUE LLC

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

2023 OCT 10 PM 5:20

The Articles of Organization for this Limited Liability Company were filed on 07/25/2019 and assigned
Florida document number L19000188722

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5295 W 1st Branson
Memorial Hwy
Kissimmee, FL 34746

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:

5295 W 1st Branson Memorial Hwy
Enter Florida street address
Kissimmee, Florida 34746
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ESPINAL, BRENDA L	2311 Prime Circle	<input type="checkbox"/> Add
		A	<input checked="" type="checkbox"/> Remove
		Kissimmee, FL 34746	<input type="checkbox"/> Change
MGR	ESPINAL, VICTOR F	2000 Royal Bay BLVD	<input type="checkbox"/> Add
		130	<input checked="" type="checkbox"/> Remove
		Kissimmee, FL 34746	<input type="checkbox"/> Change
MGR	Espinal, Perla Franchesca	3260 VINELAND RD	<input type="checkbox"/> Add
		101A	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input type="checkbox"/> Change
AMBR	PERICO RIPIAO GROUP LLC	5295 W Irlo Bronson Memorial Hwy	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<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)

October 1st 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee