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Registration Section

TO:

COVER LETTER

	GONZALEZ FOOD, LLC			
SUBJECT:	Name of Lim	ned Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	FAVIOLA RODRIGUEZ	RAMIREZ		
		Name of Person		
	130 VIA MADONNA	Firm/Company		
	ENGLEWOOD, FL 34224	Address		
	faviola2100@gmail.com	City/State and Zip Code		13 17 to
For further information	concerning this matter, please c	to be used for future annual report notif all:	ication)	
FAVIOLA RODRIGU	EZ RAMIREZ	941 623-6056		
Name	of Person	at () Area Code Daytime	e Telephone Number	- 4 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
Enclosed is a check for	the following amount:			לט
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy	Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEEDY GONZALEZ FOOD, 11 C		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000236716	were filed on SEPTEMBER 19, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "I imited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FAVIOLA RODRIGUEZ RAMIREZ	
(Principal office address MUST BE A STREET ADDRESS)	130 VIA MADONNA	
(Frincipal Office data cas in the case of	ENGLEWOOD, FL 34224	. L. 12 cm
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE RON)		
		الله الله الله الله الله الله الله الله
B. If amending the registered agent and/or registered o		r the name of the n
registered agent and/or the new registered office address her	<u>v</u> :	
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 Chapging Registered Agent, Structure 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
MGM	FAVIOLA RODRIGUEZ RAMIREZ	130 VIA MADONNA ENGLEWOOD, FL 34224	⊟ Add
			☐ Remove
			Change
AMBR	ERIBERTO GONZALEZ ESTRADA	130 VIA MADONNA ENGLEWOOD, FL 34224	□ Add
		HIS NAME WAS DUPLICATED BY MISTAKE	■ Remove
			Change
		_	Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			
			☐ Remove
		-	☐ Change
		-	Add
			□ Remove
			Change

		
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a effective date is listed	or than the date of filing:, the discounse be specific and councils.	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
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cument's effective di	ne on the Department of State's re-	cords.
		ut not an effective time, at 12:01 a.m. on the earlier
he 90th day allo	er that a mais filed.	
OCTODED 14	2/41/1	
ted OCTOBER 14	2019	<u>-</u> ·
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	invita tuchinus	authorized representative of a member

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Lyped or printed name of signee

Filing Fee: \$25.00