

L19000240192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Unfiled Copies _____

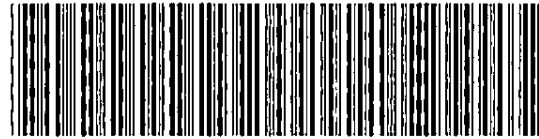
Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE

FEB 20 2023

Office Use Only



600400131246

FILED
2023 FEB 17 PM 12:28
SEATTLE, WA
FALL 2023

RECEIVED
2023 FEB 17 PM 3:38
FALLAHASSEE, FL 32044

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00

AUTHORIZATION SIGNATURE: _____

James Keller

El Mata Munchies, LLC

L190002407922

Business Name

Document Number, (if known):

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait ___ Photocopy

___ **Certified Copy of the Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

AMMENDMENTS

___ Profit

___ **X** Amendment

___ Not for Profit

___ Designation of R.A. Officer/Director

___ Limited Liability

___ Change of Registered Agent

___ Domestication

___ Revocation of Dissolution

___ Other

___ Merger

___ **CORP**

___ **Conversion**

___ **PLLC**

___ **Amended and restated Articles**

___ **Statement of Authority**

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

___ Annual Report

___ Foreign filing

___ Fictitious Name

___ Limited Partnership

___ Reinstatement

___ APOSTILLE() ___

___ Other

Country

EXAMINER'S INITIALS: _____

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☐ APOSTILLE() ☐
Country

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EL MATA MUNCHIES, 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:

ONELIO A. PEREZ

Name of Person

Firm/Company

10089 RIVERSIDE DR

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

Oneliperezperez@gmail.com

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

For further information concerning this matter, please call:

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**

EL MATA MUNCHIES LLC

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

FILED
2023 FEB 17 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/7/2019 and signed
Florida document number L19000240792

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:

ONEILO A. PEREZ

New Registered Office Address:

10089 RIVERSIDE DR.

Enter Florida street address

PALM BEACH GARDENS

Florida 33410

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.


Oneilo A. Perez
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>
M	EDWIN RIVERA	2800 N. MILITARY TRAIL	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	ONEILO A. PEREZ	10089 RIVERSIDE DR	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Felt - Felt - \$25.00