

L19000240792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800408690448

FILED
2023 JUN -7 PM 12:24
TALLAHASSEE, FL
RECEIVED
2023 JUN -7 AM 10:38
TALLAHASSEE, FL
CLERK OF COURT

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

Please use funds from this account: 120210000160 : \$25.00

Authorization Signature

El Mata Munchies LLC

L19000240792

BUSINESS

DOC#

☐ **Certified Copy of Articles**
☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ **Trademark**
☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE _____
Country

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. or member
☐ Dissolution
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Authority**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ 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:

Onelia Perez
Name of Person

El MATA Munchies
Firm/Company

2800 N. military Tr. #113
Address

WPB FL 33405
City/State and Zip Code

Onelia Perez Perez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Rivera at (407) 948-0822
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

LLC TRANSFER

Good day, this letter is to inform you of an honest mistake made on my behalf that needs correction. I have dissolved Document # **L23000237351** for Mata Munchies Fusion LLC as it was created by me but was made aware by the DBPR that it only needs to be amended.

I would like to amend Document # **L19000240792** that is currently under El Mata Munchies LLC to be renamed to Mata Munchies Fusion LLC.

I Onelio A. Perez the registered agent for these above document numbers provided give you authorization to make the above requested amendments. Thank you in advance for your assistance!

Best regards,

Onelio P.

786-389-2571

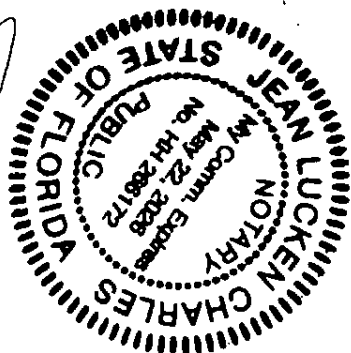
Onelio A Perez

Onelio Perez

6/5/23

Date

[Signature]
NOTARY:



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2023 OCT -7 PM 12:24

E1 MATA Munchies LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/7/2019 and assigned
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:

MATA Munchies Fusion LLC

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

Please Amend the EIN to 93-1338534 as
Document from IRS are Attached.

2023-1-7 PM 12:24
DEPT. OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: 6/1/2023 (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 6/5/23, _____.

Onelio A Perez
Signature of a member or authorized representative of a member

Onelio Adan Perez
Typed or printed name of signer