

L19 0002 57913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

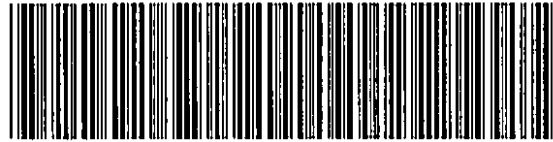
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOTTIE'S FOOD OF FLORIDA 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:

LUIS MANUEL DELGADO JR.

Name of Person

Firm/Company

581 SW TODD AVE

Address

PORT SAINT LUCIE

City/State and Zip Code

elpuntodecuentrops@gmail.com

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

For further information concerning this matter, please call:

Luis Manuel Delgado Jr

772

800-8282

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**

DOTTIE'S FOOD OF FLORIDA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned  
Florida document number L19000257913

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)

581 SW TODD AVE.

PORT SAINT LUCIE, FL 34983

**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:

MAYTTE MARTIN

New Registered Office Address:

581 SW TODD AVE.

*Enter Florida street address*

PORT SAINT LUCIE

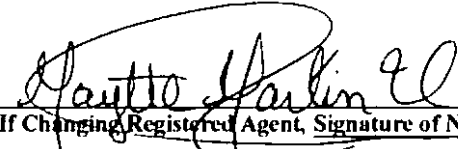
Florida 34983

*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>
AMBR	LUIS MANUEL DELGADO	581 SW TODD AVE.	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAYTTE MARTIN	581 SW TODD AVE.	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCIAL RICOUZ SR	1352 SW BAYSHORE BLVD	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCIAL RICOUZ	1352 SW BAYSHORE BLVD.	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34983	<input checked="" 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

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

D/B/A EL PUNTO DE ENCUENTRO

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E. Effective date, if other than the date of filing: 08/10/2021 (optional)

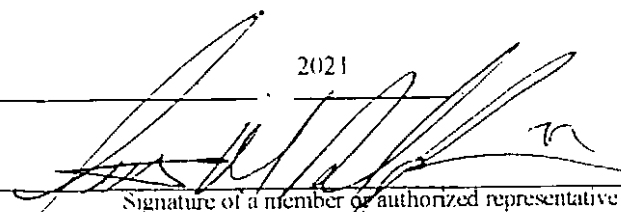
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 10th

2021



Signature of a member or authorized representative of a member

LUIS MANUEL DELGADO JR.

Typed or printed name of signee