

L19 000 275848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

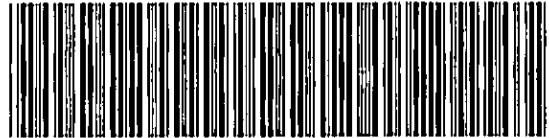
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CLERK OF STATE
DIVISION OF CORPORATION
21 MAR - 1 PM 3:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL ALFA MACHINE 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:

LESLIE DIAZ

Name of Person

BEST QUICK TAX RETURNS

Firm/Company

320 SOUTH BUMBY AVE SUITE 10

Address

ORLANDO, FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

LESLIE DIAZ

Name of Person

at (407) 896-7921

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/COURIER ADDRESS:

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

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

EL ALFA MACHINE 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 11/05/2019 and assigned
Florida document number L19000275848.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 856 CRESTWOOD LN
(Principal office address MUST BE A STREET ADDRESS) ALTAMONTE SPRINGS, FL 32701

Enter new mailing address, if applicable: 856 CRESTWOOD LN
(Mailing address MAY BE A POST OFFICE BOX) ALTAMONTE SPRINGS, FL 32701

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: FREDY AGUILAR PANORA

New Registered Office Address: 856 CRESTWOOD LN

Enter Florida street address

ALTAMONTE SPRINGS, Florida 32701

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.

Fredy Aguilar
If Changing Registered Agent, Signature of New Registered Agent

21 MAR - 1 PM 3:04
DIVISION OF CORPORATIONS
STATE OF FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	FREDY AGUILAR PANORA	641 ALTAMIRA CIR ALTAMONTE SPRINGS ,FL32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	OSCAR TITO PANORA	641 ALTAMIRA CIR ALTAMONTE SPRINGS ,FL32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	FREDY AGUILAR PANORA	856 CRESTWOOD LN ALTAMONTE SPRINGS , FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

21 MAR - 1 PM 3:04
SECTION 166.051, F.S.
DIVISION OF CONSTRUCTION

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 02, 2021

Fredy Aguilar
Signature of a member or authorized representative of a member
FREDY AGUILAR PANORA
Typed or printed name of signee

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CONSUMER PROTECTION
21 MAR - 1 PM 3:04