

L20 000160877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

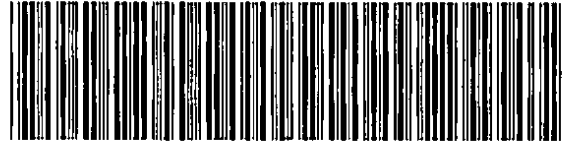
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mayoli Canarias Sauce Limited Liability Company  
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:

Martha Altamirano

Name of Person

Ameriplus Business Services

Firm/Company

7353 NW 174 Terrace, 100

Address

Miami, Florida 33015

City/State and Zip Code

MarthaAltamirano@msn.com

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

For further information concerning this matter, please call:

Martha Altamirano

Name of Person

at 305

Area Code

725-8219

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**

Mayoli Canarias Sauce Limited Liability Company

(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 June 11, 2020 and assigned  
Florida document number L20000160877.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mayoli Canarias Sauce 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)

9351 SW 56 Street

Miami, Florida 33165

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:

Ivis M. Perez

New Registered Office Address:

9265 SW 44 Street

Enter Florida street address

Miami

City

Florida

33165

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>
MGR	Ivis M. Perez	9265 SW 44 Stret Miami, Florida 33165	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DADE COUNTY, FLORIDA

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CLERK OF DISTRICT COURT  
JULIA A. ROSS-DELL

(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)

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 October 20, 2020

Signature of a member or authorized representative of a member

Ivis M. Perez

Typed or printed name of signee

**Filing Fee: \$25.00**