## K200000009340

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
(Boodinest Hamber)				
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## **COVER LETTER**

TO: Registration Se Division of Con				
Emilio's LI	.C			
SUBJECT: Name of Limited Liability Company				
The analound Amishound	· Secondarian and forder and such	miss of Con Clinia		
	Amendment and fee(s) are sub ondence concerning this matter	•		
	Osmay E. Perez			
		Name of Person		
	Emilio's LLC			
		Firm/Company	<del></del>	
	5625 W 17th Ave			
		Address		
	Hiateah, FL 33012			
	-11-11-20/01	City/State and Zip Code		
	emilioslle20@gmail.com E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Osmay E. Perez		305 505-4298		
Name o	of Person	at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 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	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEF 15 PH 3: 08

Company as it now appears on our re imited Liability Company)	cords.)
mpany were filed on 07/20/2020	and assigned
d liability company here:	
d Liability Company." the designation "	'LLC" or the abbreviation "L.L.C."
- <del></del>	
SS)	
<del></del>	
office address on our records, <u>er</u>	iter the name of the new registe
Enter Florida street aa	ldress
City	, Florida
1	d liability company here:  I Liability Company." the designation "  SS)  Enter Florida street ac

## 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 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>	Address 21 SEP 15 FH 3: 08	Type of Action
MGR	Samuel Carabeo Couce	6381 Cow Pen Rd Apt V202	
		Miami Lakes, FL 33014	Remove
			□Change
			□ Add
		·····	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
		<del></del>	□Add
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			□Change
			□Add
			□Remove
			Chara

	And the second second
	21 SEP 15 PH 3: 08
<del></del>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to table statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective tirecord is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 6 , 2021	
Signature of a mental at a little	rized representative of a member
Osmay E. Perez	

Typed or printed name of signee