120000 267553

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zipir Holie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
Juconice + Tenn
1) (201 LLC
17, 6801 6.00

Office Use Only



100431539301

08/17/24--01025--011 **35.00

2024 AUG 16 PM 1:28 SECRETANT OF STATE

COVER LETTER

.

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations					
SUBJECT:	Deli Are	2 Pas Miami []			
	Nume of Zini	nee Balling Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
			1		
		Jairo Castanes	3 <u>a</u>		
	Name of Person				
		Firm/Company			
	4126 W.	Palm Aire Dr. Address	Apt. 262B		
	Pompano	Beach FL 3. City/State and Zip Code	3069		
	•	City/State and Zip Code			
	deliarepa	Smiami to be used for future annual report noti	(Control)		
For further information of	oncerning this matter, please ca		itemori		
	-				
Jairo	Castoneda	at (<u>786)</u> 318 Area Code Daytim	-9765		
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	e 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		Street Address:			
Registration S			Registration Section		
Division of C	•		Division of Corporations		
P.O. Box 6327		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				_202LED
		<u>liami L.</u>	<u>PC</u>	2024 ALIO
(Name of the Limited (A	Liability Compar Florida Limited L	<u>iy as it now appear</u> iability Company)	rs on our records.)	SECRETA TALLUA ASSEE, FL
THE ACT OF SOME STATE OF STATE	:11: C	Flad		TATETAMENT
The Articles of Organization for this Limited Liab		were filed on		- STA
Florida document number <u>L 2000 26</u>	<u> </u>			2.76
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>1e limited liabi</u>	lity company he	ere:	
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the d	lesignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	7809	HW1 40+	h ct.
(Principal office address MUST BE A STREET.	ADDRESS)	Coral	Springs	h ct. FC 33065
				1 04
Enter new mailing address, if applicable:		7809 NW 40th et Coral Springs FL 33065		
(Mailing address MAY BE A POST OFFICE BO	<u> 2X)</u>	<u>Coral</u>	Springs	FL 33065
B. If amending the registered agent and/or reg agent and/or the new registered office address I		ddress on our r	ecords, enter the n	ame of the new registere
,				
Name of New Registered Agent:	Willi	iam D.	Yepes	
New Registered Office Address:	780	WIN PC	yepes 40th e-	+
ivew Registered Office Address.		Enter Flor	rida street address	·
	Cor	al Spri	MS Florida	33065
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete _l ered agent as p gistered office (performance of rovided for in C address, I herel	mv duties, and La Chapter 605, F.S. C	m familiar with and Or, if this document is limited liability

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	Type of Action
MGR	Jairo Costoneda	4126 W. Palm Aire Dr. Apr Pompano Beh. Fl 33069	□Add 7. 2628 ⊠Remove
			Change
	<u></u>		
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□ Change
			□Add
			□Remove
			□Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	etive date, if other than the date of filing:
the reco	ord 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 filed.
Date	Aug 10 2024
	Signature of a member or authorized representative of a member
	Jaino Eastaneda Typed or printed name of signee

Filing Fee: \$25.00



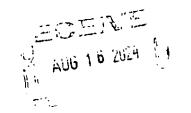
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2024

JAIRO CASTANEDA 4126 W. PALM AIRE DR. APT. 262B POMPANO BEACH, FL 33069

SUBJECT: DELI AREPAS MIAMI, LLC

Ref. Number: L20000267553



We have received your document for DELI AREPAS MIAMI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 924A00014985

Anissa Butler Regulatory Specialist II

www.sunbiz.org