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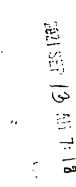
Requestor's Name)
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Business Entity Name)
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Certificates of Status
to Filing Officer:

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## **COVER LETTER**

TO: Registration So Division of Cor		. ,	
EL BESO			•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	LUM ACCOUNTING CO		
	LFM ACCOUNTING SO		
		Firm/Company	
	8805 NW 111th Ave unit	203	
		Address	
	DORAL FL 33178		
		City/State and Zip Code	<del></del>
	MALDONADOL@LFMA		
		to be used for future annual report noti	heation)
For further information of	concerning this matter, please o	all:	
LENNIS M MALDONA	ADO	786 218-3881	
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Se	ation
Registration Division of C		Division of Cor	
P.O. Box 632	-	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## DocuSign Envelope ID: 23A6973F-696D-426C-B703-B6FFC2B2E6FE ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DEISE 13 AM 7:19

If Changing Registered Agent, Signature of New Registered Agent

EL BESO 2020, LLC

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

ibility Company)	2	
vere filed on DECEN	BER 01 2020	and assigned
ty company here:		
y Company," the designa	ution "LLC" or the ab	breviation "L.L.C."
		<u> </u>
	-	<del></del>
	<del></del>	
dress on our record	ds, <u>enter the</u> nam	e of the new registered
Enter Florida st.	reet address	
	, Florida	
City		Zıp Code
erformance of my o ovided for in Chap	luties, and I am	familiar with and if this document is
	ty company here:  Company," the designation of the	ty company here:  Company," the designation "LLC" or the above the street address on our records, enter the name that the street address for act in this capacity. I further against to act in this capacity. I further against the street address ovided for in Chapter 605, F.S. Or,

DocuSign Envelope ID: 23A6973f-696D-426C-8703-B6FFC2B2E6FE in amenuing Authorized rerson(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

Title	Name	Address 2321 Sc1 13 AN 7: 19	Type of Action
MGR	TOSCANO FOOD	100 NW 6TH ST APT 1508	□Add
		MIAMI, FL 33136	
			□Change
AMGR	VICTOR A PORFIDIO RECCHIMURZO	100 NW 6TH ST APT 1508	<b>=</b> Add
		MIAMI, FL 33136	□Remove
			□Change
	<del></del>		□ Adđ
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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ective date, if other than the di effective date is listed, the date must be: If the date inserted in this block nument's effective date on the Dep	ck does not meet the appl	icable statutory filin				
cord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m.	on the earlier of	of: (b)	The	90th day after the
s filed.						
SEPTEMRER	2021					
ed SEPTEMBER  DocuSigned by:	2021	·				

Filing Fee: \$25.00