## 1210000 92928

(Re	questor's Name)	<del></del>		
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(Cit	y/State/Zip/Phone #	<i>¥</i> )		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Do	cument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
J	HORNE			
_	PR 16 2022			

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## **COVER LETTER**

Registration Section Division of Corporations TO:

¥

SUBJECT:		th A Latin Twist LLC			
	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Ana Ramos			
		Name of Person			
		Firm/Company			
	942 CR 481				
		Address			
	1	Lake Panasoffkee, Fl 33538			
	City/State and Zip Code richard4claudio@gmail.com				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Ginella Obando		352 530 - 5134 at ()			
Name o	f Person	Area Code Daytim	e Telepho	ne Number	
Enclosed is a check for the	ne 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

	American With A	Latin Twist LLC		75 B
(Name of the Limi	ted Liability Compa	iny as it now appears ( Liability Company)	on our records.)	TER 2
	(A Florida Limited I	Liability Company)		
		C) 1	02/25/2021	andassighed
The Articles of Organization for this Limited L	iability Company	were filed on		
Florida document number L21000092928	·			79 3
				75 8
This amendment is submitted to amend the foll	lowing:			AND: 2
A. If amonding name enter the new name of	f the limited lieb	ility company hor	a.*	The same
A. If amending name, enter the new name of	or the numed had	mty company nero	<u>e</u> .	·
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applie	rable	2006 N County Re	d 470	
• • •		Lake Panasofikee	, FI 33538	
(Principal office address MUST BE A STREE	<u>ELADUKESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			_	
B. If amending the registered agent and/or i	registered office :	address on our rec	ords, <u>enter the r</u>	ame of the new registered
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	Ana M. Ramos			
Name of New Registered Agent.	AA-			
New Registered Office Address:	942 CR <del>-48</del> \$ 6	181		
	_	Enter Florid	a street address	
	La	ke Panasoffkee	, Florida	33538
		City	, 1 101 IUA	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>	Address	Type of Action
MGR	Ana M. Ramos	942 CR <del>482</del> 481	
		Lake Panasoffkee, Fl 33538	■Remove
			□ Change
MGR Claudio A. Richard	Claudio A. Richard	942 CR <del>982</del> 481	_ <b>=</b> Add
		Lake Panasoffkee, Fl 33538	□Remove
			□Change
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
			□Add
		□Remove	
			□Change
		□Add	
		□Remove	
			□ Change

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)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. January 13 Dated \_\_\_\_\_ Ana M. Ramos Typed or printed name of signee