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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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2021 DEC 27 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FL

3711011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELICIAS VENEZOLANAS Y ALGOMAS J.K. LLC
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:

JACQUELINE HERNANDEZ MEDINA

Name of Person

Firm Company

10640 DAVIS CREEK CIR APTD #2304

Address

ORLANDO, FL 32832

City, State and Zip Code

hernandezjacqueline81@yahoo.com

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

For further information concerning this matter, please call:

JACQUELINE HERNANDEZ MEDINA

786 3765115

at ()

Name of Person

Area Code

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**

DELICIAS VENEZOLANAS Y ALGO MAS J.K LLC

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

FILED
2021 DEC 27 AM 7:45

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/23/2021 and assigned
Florida document number 1,21000190400.

This amendment is submitted to amend the following:

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

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:

10040 DAVIS CREEK CIR # 2304

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32832

Enter new mailing address, if applicable:

10040 DAVIS CREEK CIR #2304

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32832

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:

JACQUELINE HERNANDEZ MEDINA

New Registered Office Address:

10040 DAVIS CREEK CIR #2304

Enter Florida street address

ORLANDO


City

, Florida 32832

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	JACQUELINE HERNANDEZ ME	10040 DAVIS CREEK CIR #2304	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE COLMENARES	2352 CHATHAM PL DR	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KELLY V. SALAS YEPEZ	14328 SUN BAY DR	<input type="checkbox"/> Add
		ORLANDO, FL 34724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MISLEIDYS GONZALEZ	9243 JUNIPER MOSS CIR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signer