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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

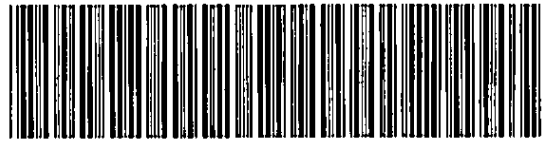
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FILED  
2021 OCT 29 PM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2021 OCT 29 AM 8:09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2021

MAYLER A FANEITE  
3709 DIANE DRIVE  
BOYNTON BEACH, FL 33435 US

SUBJECT: DISTRIBUIDORA LA PICANA 2021 C.A. LLC  
Ref. Number: L21000225618

We have received your document for DISTRIBUIDORA LA PICANA 2021 C.A. LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 221A00023694

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISTRIBUIDORA LA PICANA 2021 C.A. LLC

Name of Limited Liability Company

7:23 SEP 21 AM 8:00

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mayler A. Fancite

Name of Person

DISTRIBUIDORA LA PICANA 2021 C.A. LLC

Firm/Company

3709 Diane Drive

Address

Boynton Beach, FL 33435

City/State and Zip Code

Mayler1@bellsouth.net

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

For further information concerning this matter, please call:

Mayler Fancite

561 2125159

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

FILED

2021 OCT 29 PM 8: 54

DISTRIBUIDORA LA PICANA 2021 C.A. LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/14/2021 and assigned  
Florida document number 1.21000225618.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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	BRAVO CAMACHO, WINIFER	AV. BLVD. CONJ. RESIDENCIAS MANAGAS 7A	<input type="checkbox"/> Add
		LECHERIA, ESTADO ANZOATEGUI VE 6032 VE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FANEITE, MAYLER A.	3709 DIANE DRIVE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL. 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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

Maylor A. Fancite

Typed or printed name of signee

**Filing Fee: \$25.00**