

K21000233157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

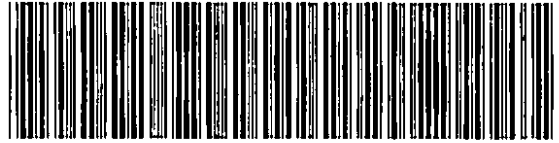
(Business Entity Name)

(Document Number)

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10/27/21  
T.A.S.  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2021 OCT 18 AM 8:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NAKED CHOCOLATE 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:

JULIA GIL

Name of Person

KB COSNULTING CREW LLC

Firm/Company

1856 N NOB HILL RD SUITE 137

Address

PLANTATION, FLORIDA 33322

City/State and Zip Code

TAXES@KBCONSULTINGCREW.COM

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

For further information concerning this matter, please call:

JULIA GIL

Name of Person

at ( 954 ) 6550980

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**

NAKED CHOCOLATE LLC

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

The Articles of Organization for this Limited Liability Company were filed on MAY 19, 2021 and assigned  
Florida document number L21000233157.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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: NATHALIA ROJAS

New Registered Office Address: 3318 DAY AVE # 7

Enter Florida street address

MIAMI

Florida

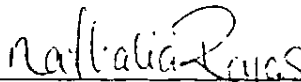
33133

City

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>
MRG	DANIELA TOBON	3318 DAY AVE 7 MIAMI FL 33133	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	MAURICIO ROJAS	3318 DAY AVE 7 MIAMI, FL 33133	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 OCT 13 AM 8:46  
SECURITY  
CALIFORNIA  
STATE OF  
DRIVER

## N/A

**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.

Dated OCTOBER 10, 2021

Mathalia Rojas Signature

Signature of a member or authorized representative of a member

NATHALIA ROJAS

Typed or printed name of signee

2021 OCT 18 AM 8:40  
SCHEIDT, J. D.  
TALLAHASSEE, FLORIDA

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