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(Requestor's Name)	
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Y. SCOTT MAY 17 2023

COVER LETTER

Tallahassee, FL 32314

TO: Registrat Division						
	uelita Ar	tisanal Bakery, LLC				
SUBJECT:		Name of Lim	ited Liability Company	•		
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all co	orrespon	dence concerning this matter	to the following:			
		Maria Fernanda Melgarejo	Ainsworth, Esq.			
			Name of Person			2023 S.C.O
		Melga Law, PLLC				
			Firm/Company			2023 HAR 30 SEGNETAL
		801 Brickell Ave., 8th Floo	or) PH
			Address			2: 24 ST/16 E. FL
		Miami, FL 33131				24
			City/State and Zip C	lode .		
		mfm@melgalaw.com				
For further information	ation co	ncerning this matter, please co	to be used for future an all:	пиат герогі поші	cation)	
Maria F. Melgarej	jo Ainsv	vorth	786	625-7037		
1	Name of	Person	at (at Code) Daytime	Telephone Number	
Enclosed is a chec	k for the	following amount:				
≡ \$25.00 Filing		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	Certified (e of Status &
Mailing A				et Address:		
Registra Division		ection orporations		istration Sectision of Corp		
P.O. Bo				Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raquelita Artisanal Bakery, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/22/2021 and assigned
Florida document number 1.21000289631	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limit	ed liability company here:
Luvana Artisanal Bakery, LLC	123
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDR	ESS)
	F. 24
Enter new mailing address, if applicable:	111
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

New Registered Agent's Signature, it 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
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			□Remove
			□Change
			DAdd D23
			R 30
			□Remove
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iote: If the date inserted in this block does not meet the application	able statutory filing rec	quirements, this date w	
ocument's effective date on the Department of State's records	i.		
record specifies a delayed effective date, but not an effective t d is filed.	ime, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
March 28 A g 2023			
Dated March 28 2023	·		
Dated	orized representative of a	member	

Filing Fee: \$25.00