

# L21000370193

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

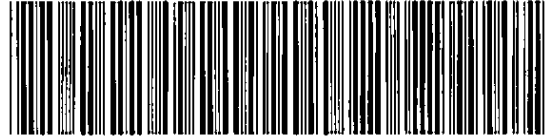
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JUL 18 2022

Office Use Only



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07 18/07 10:00:00 4430.00

RECEIVED  
2022 JUL 15 PM 4:42  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

FILED  
2022 JUL 15 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

QWIK COURIER  
400 CAPITAL CIRCLE SE  
SUITE 18267  
TALLAHASSEE, FLORIDA 32301  
850-284-4584

WE ARE KINDLY REQUESTING THE FOLLOWING:

PLEASE PUT IN OUR BOX WHEN COMPLETED

PLEASE DO NOT MAIL

Please Do not put OUR name  
on cover letter

Customer: Clara Martinez,

Company:

SIERRA Blanca Iberian Flavo  
LLC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIERRA BLANCA IBERIAN FLAVOR 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:

CLARA MARTINEZ, ESQ.

\_\_\_\_\_  
Name of Person

LAW OFFICE CLARA MARTINEZ, ESQ.

\_\_\_\_\_  
Firm/Company

2423 SW 147TH AVENUE SUITE 332

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33184

\_\_\_\_\_  
City/State and Zip Code

LAWCGM@AOL.COM

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

For further information concerning this matter, please call:

CLARA MARTINEZ, ESQ.

305 346-2951  
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**

2022 JUL 15 AM 11:57

SIERRA BLANCA IBERIAN FLAVOR LCC.

(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 08/18/2021 and assigned  
Florida document number L21000370193.

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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>
MGR	GERARDO ARQUERO	14837 SW 39 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHARE INVESTMENT GROUP	14837 SW 39 TERRACE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33185	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Gerald Argen  
Signature of a member or authorized representative of a member

**Filing Fee: \$25.00**