L22000080017

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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T. MATTHEWS
JUN -7 2022



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FLORIDA DEPARTMENT OF STATE 2022 HAY 27 AM 7:51

Division of Corporations

SECRETA MENUTIFE TALLAMASSES.FL

April 15, 2022

MEDINA MAIRIM 11500 OCEAN HARBOR DR APT 303 ORLANDO, FL 32836

SUBJECT: ARROZ CON LECHE MCBO LLC

Ref. Number: L22000080017

We have received your document for ARROZ CON LECHE MCBO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews OPS

Letter Number: 022A00008794

www.sunbiz.org

Division of Company in a D.O. DOV COOR III 1 DOOR

COVER LETTER

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TO: Registration So Division of Cor			
	ON LÈCHE MCBO LLC		
SUBJECT:	Name of Lin	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAIRIM, MEDINA		
		Name of Person	
		Firm/Company	
	11500 OCEAN HARBOR		
		Address	
	ORLANDO, FL 32836	C: (C) (C)	
	ARROZCONLECHEMAR	City/State and Zip Code ACAIBO@GMAIL.COM	
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
MAIRIM, MEDINA		407 7285734 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sc	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Corpo	rations			
SUBJECT: ARRO	Z CON LECH	E MCBO	LC_	
	Name of Limi	ted Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter (o the following:		
	MAIRIM M	<u> VEDINA</u>		
		Name of Person		
	ARROZ CON	LECHE 1	MCBO LLC	•
		Firm/Company		
	11500 OCEA	N HARBO	R DR, AP	+ 303
	ORLANDO,	FL, 3283 City/State and Zip Code	6	
	ARROZ CON LE	CHE MARAC	ANGO () GM/	TL.COM
For further information con-	cerning this matter, please ca		report nonneution)	
				n · 1
MAIRIM	MEDINA	at (<u>407</u>)_	72857	3°-1
Name of F	CINOII	Area Code	Daytine Telephone N	anoci
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Cer selosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)
<u> Mailing Address:</u>		Street A	address:	

Registration Section Division of Corporations P.O. Box 6327

TO: Registration Section

Tallahassee, FL 32314

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

ARROZ CON LECHE MCBO

SECRETARY OF STATE DIVISION OF COMPORATIONS

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{12200080017}{}$	were filed on $\frac{02/17/2022}{17/2022}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	truct t write precendings

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.

City

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
MGR	MAÎRÎM MEDÎNA	11500 OCEAN HARBOR DR, API	90 <u>3</u> □Add
			□Remove
			🖪 Change
AMBR	ANTONIO MEDINA	11500 OCEAN HARBOR DR, APT3 ORLANDO, FL	<i>03</i> □Add
			□Remove
			€ Change
AMBR	BIANCA RIOS	11500 OCEAN HARBOR DR, APT ORlanDO, FL.	<i>303</i> □Add
			□Remove
			☑ Change
			□Add
			□Remove
			□Change
			□ Add
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			□Change
			🗆 Add
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n effective date is lis o <mark>te:</mark> If the date ins	ther than the date of fi sted, the date must be specific serted in this block does no e date on the Department	e and cannot be prior to not meet the applicab			
ecord specifies a c is filed.	delayed effective date, but	t not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The 90t	h day after the
ted 05 /	1 25 2022	<u>-</u> ,			
ica <u> </u>		1 ~	<i>[]</i>		
	/ 25 / 2022 Signature o	Hairin of a member or authoris	Hedina zed representative of a n	nember	· · · · · · · · · · · · · · · · · · ·