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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: La Cara del Indio, 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:
Carlos E. Surita. Name of Person
Heart of Florida Beer Wine & FwD Garden LL
413 NQ+ Street
Haines City/State and Zip Code
E-mail address: (to be used for luturdariual report notification)
For further information concerning this matter, please call:
Carlos Sucuta at 407 738-9560 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy

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

... JUL 19 AM 9: UD

La Cara Del I	Endio LLC. SECRETARY OF STATE
(<u>Name of the Limited Liabilit</u> (A Florida	v. Company as it now appears on our records. TALLAHASSEE, FL. Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L22000 11100</u>	ompany were filed on 3-3-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	Haines City, FL. 33844.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	413 N. 12th Street Haines City Fl. 33844
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	rlos E. Sueita.
	3 N 12th Street address Enter Florida street address
140	ines City Florida 33844,
New Registered Agent's Signature, if changing Registered	1 Agent:
provisions of all statutes relative to the proper and co	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent 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
MBR	marcos Soto Valentin	524 Ogelthorpe DR.	🗆 Add
		Davenport FL. 3384	7 ARemove
			Change
AMBR	Iveliz Muniz	301 Mckay DR.	X Add
		Haines City F1. 33844	□Remove
	0 0		□Change
MGR	Carlos E. Surita	301 Mokay Dr	\$\\\Add
		Haines City FL. 33844	<u>/</u> □Remove
			□Change
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reffective date te: If the dat	is listed, the date to inserted in th		and cannot be proof meet the app	ior to date of fil- licable statuto	ing or more t	han 90 days afte	i onal) r filing.) Pursuant to (is date will not be !	
cord specifie s filed.	s a delayed eff	ective date, but	not an effective	e time, at 12:0	l a.m. on t	he earlier of: (\	b) The 90th day a	tìcr th
ed Ju	<u>ly 14</u>	.202 200	. 2026 () 2)	<u>.</u> .				
X_		Signature of	f a member or at	thorized repres	entative of a	member		

Filing Fee: \$25.00