

h220000192094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

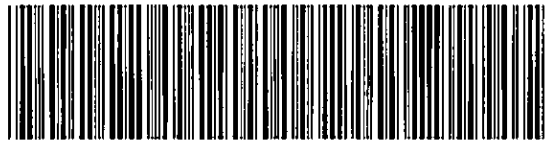
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STATE OF MICHIGAN

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAZONES EL GOLDO 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:

ELVIN LOPEZ

Name of Person

SAZONES EL GOLDO LLC

Firm/Company

2317 DANIEL AVE N

Address

LEHIGH ACRES, FL 33971

City/State and Zip Code

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

For further information concerning this matter, please call:

ELVIN LOPEZ

239 339-7349
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

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2022 JUL -7 PM 1:22
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAZONES EL GOLDO 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 04/21/2022 and assigned
Florida document number 1.22000192094.

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**)

100 LEE BLVD

LEHIGH ACRES, FL 33936

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:

ONE STOP MULTI SERVICE OFFICE LLC

New Registered Office Address:

1237 HOMESTEAD RD N

Enter Florida street address

LEHIGH ACRES

Florida 33936

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>
AMBR	ELVIN LOPEZ	2317 DANIEL AVE N	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CLAUDIA A ECHEVARRIA	1237 HOMESTEAD RD N	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FREDDY ECHEVARRIA JR	1237 HOMESTEAD RD N	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CORPORATION

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 27TH 2022

PO for

ELVIN LOPEZ

Typed or printed name of signee