

L22000201524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

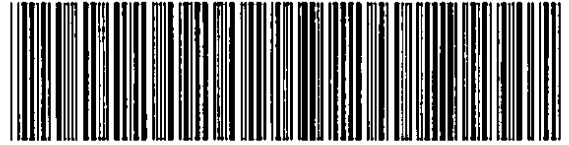
(Document Number)

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08/25/22--01006--004 --25.00

2022 SEP 12 AM 11:12

Amend/Name Change

OCT 12 2022

D CUSHING

Latinos Legal Services of Florida, LLC

MEMO



To:

Fax#

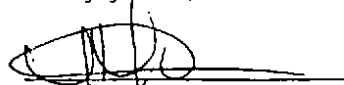
From: JOANNY Nin Mojica

CC: Joanny@Latinosls.com

Date: 7/7/2022

This memo is in reference to Mrs. Kassandra Alvarado Lazo and Mr. Kevin Mateo Menjivar application typo that cost him to run behind on their business starting process. The Name of the Business was meant to be Menjivar's Enterprise, LLC. Not Mejivar Enterprises, LLC. In these process they have decided to make their business physical address to be their mailing address as well. We ask of you to please waived the fee since it was a typo on my part. If there is any questions please call us and we will be more than happy to explain it and work it out!

Truly yours,

 7/7/2022

Kevin Mateo Menjivar

Joanny Nin Mojica

Client

Preparer

Owner

Paralegal and Business Document Management Specialist.

Latinos Legal Services of Florida, LLC

MEMO



To:

Fax#

From: JOANNY Nin Mojica

CC: joanny@latinosls.com

Date: 7/7/2022

This memo is in reference to Mrs. Kassandra Alvarado Lazo and Mr. Kevin Mateo Menjivar application typo that cost him to run behind on their business starting process. The Name of the Business was meant to be Menjivar's Enterprise, LLC. Not Mejivar Enterprises, LLC. In these process they have decided to make their business physical address to be their mailing address as well. We ask of you to please waived the fee since it was a typo on my part. If there is any questions please call us and we will be more than happy to explain it and work it out!

Truly yours,

 7/7/2022

Joanny Nin Mojica

Preparer

 07/07/2022

Client

Owner

Paralegal and Business Document Management Specialist.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2022

KASSANDRA ALVARADES LAZO
KEVIN MATEO MENJIVAR
6250 SEAFORD DR
HOLIDAY, FL 34695

SUBJECT: MEJIVAR ENTERPRISES, LLC
Ref. Number: L22000201524

We have received your document for MEJIVAR ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The designation of the registered agent must be at a Florida street address.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 422A00016602

AUG 11 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2022

KASSANDRA ALVARADES LAZO
KEVIN MATEO MENJIVAR
6250 SEAFORD DR
HOLIDAY, FL 34695

SUBJECT: MEJIVAR ENTERPRISES, LLC
Ref. Number: L22000201524

We have received your document for MEJIVAR ENTERPRISES, 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):

The registered agent must sign accepting the designation.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 122A00018933

SEP 12 2022

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

MEJIVAR ENTERPRISES, 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 04/23/2022 and assigned
Florida document number L22000201524

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MENJIVAR'S ENTERPRISE, LLC.

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)

6250 SEAFORD DR

HOLIDAY, FL 34690

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6250 SEAFORD DR

HOLIDAY, FL 34690

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:

KEVIN MATEO MENJIVAR

New Registered Office Address:

6250 SEAFORD DR

Enter Florida street address

HOLIDAY

City

Florida 34690

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.

Kevin Menjivar

If Changing Registered Agent, Signature of New Registered Agent

If appending 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	KASSANDRA ALVARADO Lazo	6250 SEAFORD DR	<input checked="" type="checkbox"/> Add
		HOLIDAY, FL 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN MATEO MENJIVAR	6250 SEAFORD DR	<input checked="" type="checkbox"/> Add
		HOLIDAY FL 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NAME WAS SAVED WRONG IN THE APPLICATION AND WE NEEDED TO CORRECT THAT AND
UPDATE THE ADDRESS AS WELL AS ADDING KEVIN MATEO MENJIVAR AS A MANAGER

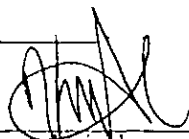
E. Effective date, if other than the date of filing: 07/07/2022 **(optional)**

(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.

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.

Dated 07/07 2022



Signature of a member or authorized representative of a member

KASSANDRA ALVARADO LAZO

Typed or printed name of signer