

L22000234828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

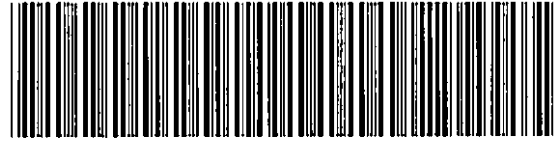
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600404496666

04/03/23--01001--005 *25.00

ZUC3MAR 31 PM 1:41

RECEIVED

2023 MAR 31 PM 12:28

THE UNIVERSITY OF FLORIDA

A 551-3

MAR 31 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lugo Brothers 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:

Corinda Goff
Name of Person

Raw Lyfe Food Group LLC
Firm/Company

271 Cherokee Hill Ct
Address

Deland, FL 32724
City/State and Zip Code

Corporate@rawlyfe Foodgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinda Goff at (321) 295 1695
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**

Lugo Brothers LLC ^{2023 MAR 31 PM 1:41}
(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 5/19/22 and assigned Florida document number L22000234828.

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)

271 Cherokee Hill Ct.

Deland FL, 32724

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

271 Cherokee Hill Ct.

Deland FL, 32724

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:

Corinda Goff

New Registered Office Address:

5417 Rishley Run Way

Enter Florida street address

Mount Dora

City

Florida

32757

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

M = Manager

MR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raw Lyfe Food Group LLC	271 Cherokee Hill Ct Deland FL 32724	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MR	Celia K Cuebas	12459 Bowes Branch Rd Orlando, FL 32824	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MR	Steven Lugo	1249 Bowes Branch Rd Orlando, FL 32824	<input type="checkbox"/> Add <input checked="" 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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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 3/25/23 March²⁵ 2023

Col

Signature of member or authorized representative of a member

Celia K. Cuevas

Typed or printed name of signee 2014**Filing Fee: \$25.00**