

10/17/2023 10:15

L22000362600/5/7

Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DAVID NOHRA ZAKIA
Account Number : I20220000125
Phone : (239)494-0057
Fax Number : (239)913-6599

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tuoficinaenusa@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANTA FE DELI BAKERY LLC

Certificate of Status	0
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OCT 17 AM 11:34
DIVISION OF CORPORATIONS
FLORIDA

2023 OCT 17 AM 9:54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANTA FE DELI BAKERY 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:

ELKE NAKAD SALAZAR

Name of Person

SANTA FE DELI LLC

Firm/Company

28715 ALESSANDRIA CIRCLE

Address

BONITA SPRINGS FLORIDA ZIP CODE 34135

City/State and Zip Code

tuoficinaenusa@gmail.com

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

For further information concerning this matter, please call:

ELKE NAKAD SALAZAR

239 9081788

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 &
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(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

SANTA FE DELI BAKERY 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 06/28/2022 and assigned Florida document number L22000291517.

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:

8005 NW 104TH AVE APT 24

(Principal office address MUST BE A STREET ADDRESS)

DORAL FLORIDA

ZIP CODE 33178

Enter new mailing address, if applicable:

8005 NW 104TH AVE APT 24

(Mailing address MAY BE A POST OFFICE BOX)

DORAL FLORIDA

ZIP CODE 33178

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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>
MGR	DAVID NOHRA ZAKIA	28719 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS FLORIDA ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELKE NAKAD SALAZAR	8005 NW 104TH AVE APT 24	<input checked="" type="checkbox"/> Add
		DORAL FLORIDA ZIP CODE 33178	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

