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COVER LETTER

TQ:

TQ: Registration Se Division of Cor				
	OMBIAN DUAŖTE BROTHE	RS LLC		
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fce(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHAEL ANDRES DU	ARTE SANCHEZ		
		Name of Person		
	THE COLOMBIAN DUA	RTE BROTHERS LLC		
		Firm/Company		
	35005 SW 187TH CT LO	Г 62		
		Address		
	FLORIDA CITY, FLORII	DA 33034		
		City/State and Zip Code		
	loshermanosduarte37@gma			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please co	all:		
MICHAEL ANDRES D	UARTE SANCHEZ	347 803-4006		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COLOMBIAN DUARTE BROTHERS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

s of Organization for this Limited Liability Company were filed on 07/29/2022 and a

The Articles of Organization for this Limited Liability Company were filed on $\frac{07/29/2022}{1}$ and assigned Florida document number 1.22000335361 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COLOMBIAN DUARTE BROTHERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 35005 SW 187TH CT LOT 62, FLORIDA CITY, FL 33034 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
			□Add
			□Remove
			☐Change
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			□Remove
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	07/29/2022		
ective date, if other than the d	ate of filing:		(optional) days after filing.) Pursuant to 605.0207
e: If the date inserted in this bloc	e specific and cannot be prior to k does not meet the applicat	ole statutory filing requiren	nents, this date will not be listed as
ument's effective date on the Dep			
	late, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
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MICHAEL ANDRES DU	ARTE SANCHEZ		
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Filing Fee: \$25.00