L22000426583

(Rec	questor's Name)	
(Add	fress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300408449763

09.16/23--01/15--015 *+25.00

03:3:1:3 51 3:20

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Sergio's Do	Odice & Associated Liability Company	cutes LLC
	Amendment and fee(s) are sub		
Please return all correspor	idence concerning this matter	to the following:	
		Pages Soca Name of Person Produce & Asso Firm/Company	
	1403 Sw	Address	
	Kis	Simmee FL 3	1759 <u> </u>
		trus · Produce @ 97	, , , , , , , , , , , , , , , , , , ,
For further information ec	oncerning this matter, please ca	all:	
Suany Name of	Page's Soca	all: at (<u>321</u>) <u>247</u> Area Code Daytim	e Telephone Number 102
Enclosed is a check for th			
□ \$25.00 Filing Fee	S30.00 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 S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Second Division of Core The Centre of Table 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sergio's Produ	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 H265 83</u> .	y were filed on 10 03 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>bility company here</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
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 th 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	Miguel Penate Rodriguez	1709 Big Oak Ln Kissimmee FL 34746	□Add □Remove
			□ Change
			□∧dd
			□Remove
			☐Change
		 	Add
		1 **	Remove
			□Add
			□ Remove
			□Change
			🗆 Add
		 	□Remove
			□Change
			□Add
			□Remove
			□ Change

					 						
										•	
						_					
				-							
											
-											
											
•			-								-
antina d	افسمطغم كالمغما	han the date o	f filing					(0)	ptional)	,	
i effective	date is listed, the	date must be spec	rific and	cannot be p	rior to date	of filing or	more than	90 days a	fter filing	.) Pursuai	nt to 605.020
<u>te:</u> If the	e date inserted i reffective date (in this block doe on the Departmo	s not me	eet the app ate's reco	olicable sta eds	itutory fil	ing requi:	rements,	this date	will not	t be listed a
outhern s	offective date (m the Departme	OT 1.A	are green							
word ens	ocitiae a dalayad	l effective date, l	but not	an affactiv	a tima at	1 2 -01	on the c	parliar of	da Ti	ما ۱۵۸۰ ما	lay after the
is filed.	emes a delayed	cricciive date, i	out not a	an enectiv	c inne, ar	I a U I 41,111	i. On the C	arrier or	. 10)	ne your c	
		1-1									Àvil EG
ted	May	4th		202	٦						7
		- i	,		•						<u></u>
			5000	08	; ·						
_		Signatu	re of a m	nember or a	uthorized re	presentati	ve of a me	mber			 3: 20