L22000454370

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COVER LETTER

Registration Section
Division of Corporations

TO:

GR SUBJECT:	RUPO M	ARTINEZ AGUIRRE LLC			
30132CT		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
ricase return an	witespo	nthence concerning this matter	to the following.		
		HILARIO MARTINEZ			
		Name of Person			
			Firm/Company		
		1603 GRANDVIEW WAY	r		2
			Address		ار از
MELBOURNE, FL 32935					21.21
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	::6
For further infor	mation c	oncerning this matter, please c	all:		
HILARIO MAR	TINEZ		321 514-1333 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a ch	eck for th	he following amount:			
□ \$25.00 Filin	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Regist Divisi P.O. B	30x 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of To	rporations	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida I	Company as it now appears on our record Limited Liability Company)	F)
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000454370</u>	ompany were filed on 10/21/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
DELICIAS CONCHITA LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		25
(Principal office address MUST BE A STREET ADDRE	<u>ESSS)</u>	<u> </u>
Enter new mailing address, if applicable:		79 11:
(Mailing address MAY BE A POST OFFICE BOX)		
	office address on our records, enter	the name of the new registe
agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:		
agent and/or the new registered office address here:	Enter Florida str ee t addres.	T

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.

GRUPO MARTINEZ AGUIRRE LLC

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>	Name	<u>Address</u>	Type of Action
AMBR	MARIA MARTINEZ	1603 GRANDVIEW WAY	≅Add
		MELBOURNE, FL 32935	□ Remove
			Change
MGR	HILARIO MARTINEZ	1603 GRANDVIEW WAY	□Add
		MELBOURNE, FL 32935	□Remove
			Change
		15 x	:
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	01/01/2023				
ctive date, if other than the date of f effective date is listed, the date must be specifi	ic and cannot be prior		more than 90 day		
e: If the date inserted in this block does imment's effective date on the Department		ible statutory fil	ing requirement	s, this date wil	ll not be listed
·					
ord specifies a delayed effective date, but	t not an effective tir	ne, at 12:01 a.m	. on the earlier	of: (b) The 9	0th day after
filed.					
JANUARY 12	2023				
AL		_·			
11.		_	()		
Alilar	of a member or autho	artin	te of a member	· · · · · · · · · · · · · · · · · · ·	