

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000422482 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20198000044 Phone : (407)888-3131

Fax Number : (888)453-0509

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINA COLADA FRESH LLC

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DEC 1 9 2022 A. LUNT

From: Tax Zone

850-617-6381

12/16/2022 12:23:41 PM PAGE 1/001 Fax Server



December 16, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

PINA COLADA FRESH LLC 4865 CYPPRESS WOOD DR APT 2218 ORLANDO, FL 32811

SUBJECT: PINA COLADA FRESE LLC

REF: L22000505307

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THERE IS NOT CHANGE PROVIDED. THE CURRENT INFORMATION REQUESTED TO BE CHANGED IS CURRENTLY THE INFORMATION ON FILE.

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Catherine M Brumbley Regulatory Specialist III

Internet Support

FAX Aud. #: B22000422482 Letter Number: 922A00028106

From: Tax Zone

COVER LETTER

	Registration Se Division of Cor			
SHRIEC	PINA COL	ADA FRESH LLC		
SOBJEC	· · · —	Name of Lim	ited Liability Company	
The encl	ased Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ED KOTLER		
			Name of Person	an and principles of an analysis and an annual control of the second control of the seco
		TAX ZONE INC		
			Firm/Company	
		8865 COMMODITY CIR	STE 4	
		THE TAX PROPERTY IN CONTRACTOR OF THE PROPERTY	Address	od - 4 Steve Madedia and M anusla varyyy y v
		ORLANDO, FL 32819		
			City/State and Zip Code	**************************************
		ACCOUNTANT@TAXZO	NEFL.COM to be used for future annual report noting	Contrary
For furth	er information e	oncerning this matter, please c		icascony
ED KOT	LER		407 \$88-3131	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25 .	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	C. \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Addres Registration S		Street Address: Registration Sec	ction

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

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



PINA COLADA FRESH LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our r Jability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000505307		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	iddress on our records, g	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
adadasa (Alexander Alexander) (Alexander Alexander Alexa	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	•	

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

MGR = Manager AMBR = Authorized Member

To:

Title	Name	Address	Type of Action
AMBR	KASSANDRA E SANTIAGO SとHNIDT	4865 CYPPRESS WOOD DR APT 2218	DAdd
		ORLANDO, FL 32S11	□Remove
AMBR	JEIMER J BRICENO SANCHEZ	4865 CYPPRESS WOOD DR APT 2218	
		ORLANDO, FL. 32811	
			#Change
			□ Remove
			□Addi
			□Remove
			[] Change
			C)Add
			ПЯстыче
			□Change
			☐Add
			□Remove
			□Change

	A CONTRACTOR OF TARKS	
If amend	ing any other information, enter change(s) here: (Attach additional sheats, if necessary)	AM 11: 27
J ==-		
g - make a		
=		
		M. Charge of State
Effective	date, if other than the date of filing:	
Note: If	eve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not t's effective date on the Department of State's records.	
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.	ay after the
Dated	December 15, 2022. **Agreeda:	
	-Kanada	
	Signature of a member of authorized representative of a member	
	Rossondra Sontrago Typed or printed name of signee	