

L22000509230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

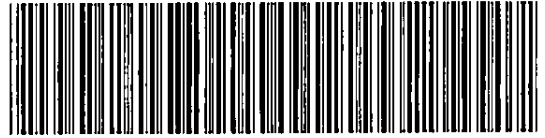
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2023 APR 26 PM 2:58
SPECIAL FILING
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFICINA DE TORTAS 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:

TONI BAIA

Name of Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPORTE PKWY STE 17

Address

ORLANDO FL 32819

City/State and Zip Code

ASSISTANT.TONI@LARSONACC.COM

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

For further information concerning this matter, please call:

TONI BAIA

407 370 3686

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 &
Certified Copy
(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**

OFICINA DE TORTAS 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 12/05/2022 and assigned
Florida document number L22000509230

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:

(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

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>
AMBR	PALMA PINGITORI	QUADRA 205 LTS APT 401	<input type="checkbox"/> Add
		AGUAS CLARAS, DF 71925 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVES A MALAQUIAS	SHA CONJUNTO 5 CHACARA 92 CASA A	<input type="checkbox"/> Add
		AGUAS CLARAS, DF 71995-335 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PALMA PINGITORI, SIMONE	QUADRA 205 LTS APT 401	<input checked="" type="checkbox"/> Add
		AGUAS CLARAS, DF 71925 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVES A MALAQUIAS, AMANDA	SHA CONJUNTO 5 CHACARA 92 CASA A	<input checked="" type="checkbox"/> Add
		AGUAS CLARAS, DF 71995-335 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALLAHASSE, T. D. N. I.

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 04 / 14 / 2023

AMANDA ALVES A MALAQUIAS

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