8/15/23, 1:15 PM

Division of Corporations

Florida Department of State Division of Corporations

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(((H23000283284 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MRP BY WESTON INC Account Number : 120220000089 Phone : (954)655-8412 Fax Number : (954)655-8412

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUAN AND JUAN WINNER LLC

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AUG 20 2023

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COVER LETTER

TO:	Registration So Division of Cor		*	
SUBJE	JUAN ANI	D JUAN WINNER LLC		
30001		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ARCE BELLIDO, RINA		
			Name of Person	
			Firm/Company	
		6191 ORANGE DRIVE S	UTE 6163G	
			Address	
		DAVIE, FL 33314		
		MELVASI.@HOTMAIL.C	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	her information o	oncerning this matter, please of	all:	
MELV	A SANCHEZ		954 655-8412 at ()	
********	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H230002832843

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company as it aon appears on our records.)
(A Fooda Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/19/2022 and assigned Florida document number 1.22000528742

This amendment is submitted to antend 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 "LLC".

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:

New Registered Office Address:

| Letter Florida street address | Company | City | Cit

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 10, 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

Page 1 of 3

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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
AMBR	CHOQUE ARCE, ETHEL G	6191 ORANGE DRIVE SUITE 6163G	
		DAVIE, FL 33314	
			■ Remove
			□ Change
AMBR	QUECANO VILCA, JUAN	6191 ORANGE DRIVE SUITE 6163G	Add
		DAVIE, FL 33314	
			☐ Remove
			Change
			Add
			□ Ветюче
			C'hange
			
			□ Remove
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			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

3-08-16: 10:30 PEDRO 1 >> 850-617-6381 H C DUU 2 3 2 3 4 5 5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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record specifies a delayer. The 90th day after the rec	ord is filed.	an enecuve unie, c	(C 12.01 G.III). O// C// G.III	
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-	Signature of a member or author	orized representative of a me	mher	
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ARCE BELLIDO, RIN		d name of signee		

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