

L23000024818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

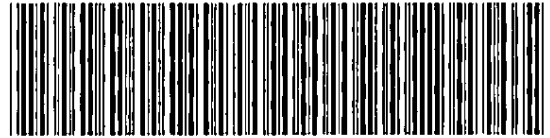
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DELAYED

SEP - 6 2023

Office Use Only



100405822221

FILED
SECRETARY OF STATE
2023 SEP - 1 AM 8: 24

09/01/23 --01005--028 **25.00

PROFESSIONAL OFFICE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 SEP - 1 PM 1: 22

RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
2023 SEP -1 AM 8:24

All Flavors Bistro 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 01/11/2023 and assigned Florida document number L23000024818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

All Flavors Bistro Sofrito-Jerk LLC

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:

2115 Glenlock Dr Deltona FL 32725

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2115 Glenlock Dr Deltona FL 32725

(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:

David De Leon

New Registered Office Address:

2115 Glenlock Dr

Enter Florida street address

Deltona

City

Florida 32725

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>
MGRM	David De Leon	2115 Glenlock Dr Deltona fl 32725	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Officer	Nacavia Jones	2115 Glenlock dr Deltona fl 32725	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

