

L23000047075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

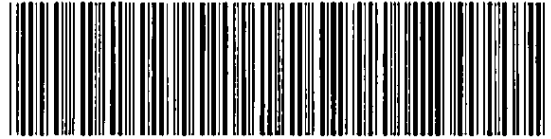
(Business Entity Name)

(Document Number)

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R. HUNT

08/21/23

## COVER LETTER

TO: Registration Section\*\*  
Division of Corporations

SUBJECT: LOS BROTHERS LATIN FOOD 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:

NELSON TORRES

\_\_\_\_\_  
Name of Person

LOS BROTHERS LATIN FOOD LLC

\_\_\_\_\_  
Firm/Company

5206 US HWY 98 N

\_\_\_\_\_  
Address

LAKELAND FL 33809

\_\_\_\_\_  
City/State and Zip Code

sales@skynetprofit.com

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

For further information concerning this matter, please call:

SANDRA BETANCOURT

863

337-5989

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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DIVISION OF STATE  
CORPORATIONS  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LOS BROTHERS LATIN FOOD 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 02/13/2023 and assigned Florida document number L23000047075.

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:

5205 EDGEWATER DRIVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32810

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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:

NELSON TORRES

New Registered Office Address:

5205 EDGEWATER DRIVE

*Enter Florida street address*

ORLANDO

*City*

Florida 32810

*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	LILIAN M RIVERA	5205 EDGEWATER DR	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NELSON TORRES	5205 EDGEWATER DR	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

REC'D  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 21 PM 12:40

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


2023 AUG 21 PM 12:40  
DIVISION OF CONSUMER AFFAIRS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 16TH 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

NELSON TORRES  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00