

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000058797

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)517-6383

From:

Account Name : CAPITAL PRO SERVICES, LLC
Account Number : 120220000008
Phone : (772)249-5273
Fax Number : (772)264-6100

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

Email Address: leidy.a.zapata@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EL SAZON DE MAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 MAR -2 PM 3:29

APPROVED
AND
FILED

COVER LETTER

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**TO: Registration Section
Division of Corporations****SUBJECT:** El Sazon de Mami, 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:

Leidy A. Zapata

Name of Person

El Sazon de Mami, LLC

Firm/Company

8573 US Hwy 1

Address

Port St Lucie, FL 34952

City/State and Zip Code

leidy.a.zapata@gmail.com

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

For further information concerning this matter, please call:

Madjoise G. Ramirez
_____at (772) 249-5273

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☐ \$35.00 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

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

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El Sazon de Mamu, 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 02/01/2023 and assigned Florida document number L23000058797.

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: Capital Pro Services, LLC

New Registered Office Address: 1972 SW Cameo Blvd
Enter Florida street address

Port St Lucie, Florida 34953
City *Zip*

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AND
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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.



Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Leidy A. Zapata	2020 SW Import Dr	☒ Add
		Port St Lucie, FL 34953	☐ Remove
			☐ Change
MGR	Kevin Sime	2226 Lacombe Avenue	☐ Add
		Bronx, NY 10473	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Blank page.

F. Effective date, if other than the date of filing: _____ (optional)

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 505.0207 (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 March 1st 2023

Leidy A. Zepeda

Signature of a member or authorized representative of a member

Leidy A. Zapata

Typed or printed name of signee