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TO: Registration Section
Division of Corporations

SUBJECT: FLORES WHOLESALE AND SERVICE 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:

ALEJANDRO FLORES

Name of Person

Firm/Company

1681 SW SALVATIERRA BLVD

Address

PORT ST LUCIE, FL 34987

City/State and Zip Code

LIZBETH0210@YAHOO.COM

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

For further information concerning this matter, please call:

LIZBETH FLORES

Name of Person

at (201)

Area Code

761-9684

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

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

FLORES WHOLESALE AND SERVICE 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 3/14/23 and assigned
Florida document number L 23 000131580.

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:

ALEJANDRO FLORES

New Registered Office Address:

1681 SALVATIERRA BLVD

Enter Florida street address

PORT ST LUCIE

City

Florida

34987

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.

Alejandro Flores

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>
MGR	ALEJANDRO FLORES	1681 SALVATIERRA BLVD	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIZBETH FLORES	1681 SALVATIERRA BLVD	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIZBETH FLORES	1681 SALVATIERRA BLVD	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34987	<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

1. What is the main purpose of the study?
 The main purpose of the study is to investigate the effects of a new teaching method on student performance.

2. What are the research questions?
 The research questions are: (a) Does the new teaching method improve student performance? (b) What are the factors that influence student performance?

3. What is the significance of the study?
 The significance of the study is that it provides valuable information about the effectiveness of the new teaching method, which can be used to improve the quality of education.

4. What are the limitations of the study?
 The limitations of the study are: (a) The sample size is small, which may limit the generalizability of the findings. (b) The study is a correlational study, which cannot establish causality.

5. What are the conclusions of the study?
 The conclusions of the study are: (a) The new teaching method has a positive effect on student performance. (b) There are several factors that influence student performance, including the quality of the teaching method, the student's motivation, and the student's prior knowledge.

(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)

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.

APRIL 11, 2023

Signature of member of the public

Typed or printed name of signee

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