

L23000178145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

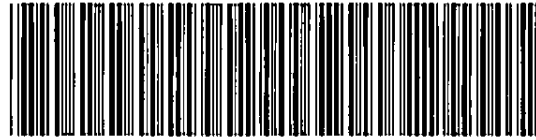
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAY 17 2023

Office Use Only



500408489755

FILED



2023 MAY 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAY 16 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

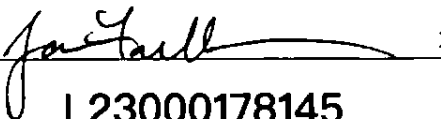
TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: _____



LA LOMA RANCH LLC

L23000178145

BUSINESS NAME

DOCUMENT #

☐ Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

X Amendment

- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA LOMA RANCH 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:

Roberto C. Cendejas

Name of Person

La Loma Ranch LLC

Firm/Company

6850 State Road 544 E

Address

Haines City, Florida 33844

City/State and Zip Code

rccendejas72@gmail.com

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

For further information concerning this matter, please call:

Roberto C. Cendejas

407

466-0372

at (_____) _____

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

☐ \$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

ARTICLES OF AMENDMENT
TO **FILED**
ARTICLES OF ORGANIZATION
OF 2023 MAY 16 AM 11:19

LA LOMA RANCH LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 April 12, 2023 and assigned
Florida document number 123000178145

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>
MGR	Roberto C. Cendejas	6850 State Road 544 E	<input type="checkbox"/> Add
		Haines City, Florida 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roberto C. Cendejas	6850 State Road 544 E	<input type="checkbox"/> Add
		Haines City, Florida 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Roberto C. Cendejas, Trustee of <i>The Roberto C. Cendejas Living Trust dated May 15, 2023</i>	6850 State Road 544 E	<input checked="" type="checkbox"/> Add
		Haines City, Florida 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roberto C. Cendejas, Trustee of <i>The Roberto C. Cendejas Living Trust dated May 15, 2023</i>	6850 State Road 544 E	<input checked="" type="checkbox"/> Add
		Haines City, Florida 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Cendejas	6850 State Road 544 E	<input type="checkbox"/> Add
		Haines City, Florida 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Cendejas	6850 State Road 544 E	<input type="checkbox"/> Add
		Haines City, Florida 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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	Maria Cendejas, Trustee of	6850 State Road 544 E	<input checked="" type="checkbox"/> Add
	<i>The Maria Cendejas</i>		
	<i>Living Trust Dated</i>	Haines City, Florida 33844	<input type="checkbox"/> Remove
	<i>May 15, 2023</i>		<input type="checkbox"/> Change
AMBR	Maria Cendejas, Trustee of the	6850 State Road 544 E	<input checked="" type="checkbox"/> Add
	<i>Maria Cendejas</i>		
	<i>Living Trust</i>	Haines City, Florida 33844	<input type="checkbox"/> Remove
	<i>dated May 15, 2023</i>		<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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)

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

May 15

2023

Signature of a member or authorized representative of a member

Roberto C. Cendejas

Typed or printed name of signee

Filing Fee: \$25.00