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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DULCE P.R. LLC

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COVER LETTER

4230004044373

TO	Registration Section	
	Division of Corporations	
	·	Nila

SUBJECT: _

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:

Marilyn Cuevas Pagan Name of Person Dulce P.R. LLC 2503 Hybrid Ct Kissimmee FL 34758 City/State and Zip Code Marypapo 2709 @gmail. Com E-mail address (16 be used for future annual report notification)

For further information concerning this matter, please call:

Manilyn Cuevas _____at (407, 272-5435

Enclosed is a check for the following amount:

\$30.00 Filing Fee S30.00 Filing Fee Certificate of Status

□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) 🗇 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling 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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ARTI	•	AMENDMENT	H230004044	137
ARTIC	-	DRGANIZATION		
	C)F		
Dulce F	P.R.L	LC		
(Name of the Limited	Liability Comp Florida Limited	any as it now appears on our r Lisbility Company)	ecords.)	
		,		
The Articles of Organization for this Limited Liab Florida document number $\angle 23000/8$	oility Company マスノフ	were filed on7	12033 and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of t</u>	ne limited liab	ility company here:		
The new same must be distinguishable and contain the word				
Enter new principal offices address, if applicab		2503 H Kirsinme	ybrid Ct	
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	KISIMME	e FZ 34758	4
			<u></u>	
Enter new mailing address, if applicable:		2503 4	ubrid CF	
Mailing address MAY BE A POST OFFICE BO	0.80	Kicima	ybrid CF: c FL 34758	
	<u></u>			
 If amending the registered agent and/or registered agent and/or the new registered office address h 	stered office a	iddress on our records, <u>ei</u>		ed
	<u></u> ,		Ch L	
Name of New Registered Agent:				
New Registered Office Address:	250	3 Hubrid	Ct Idress Florida <u>34758</u> Zip Code	
		Enter Florida street a	ldress	
	1. 1			

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, Bignature of New Registered Agent

4232004044937

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records: MGR = Manager H 230004044373

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Angel I Tellado	2503 Hybrid C+ Kissimmee FL 34950	ÀAdd
		Kissimmee FL 34158	
			DChange
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II amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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\overline{ne} n	e date, if other than the date of filing:	1207 (3)(6) I as the
ecord : is filec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t i.	he
ted	11/27/2023	
	Apple R :	
	Signature of a member or authorized representative of a member	
	Matilyn Cueras Tagan Typed or printed name of signer	

Tilling Keer \$25.00 44220004044323