

L23 000 193 702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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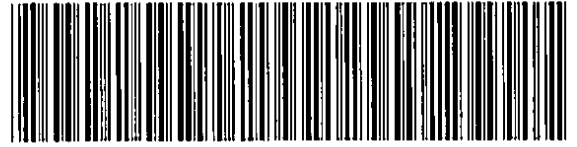
(Business Entity Name)

(Document Number)

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2023 MAY -5 PM 2:40
CLERK'S OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRUPO CRIOLLO 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:

JOSE RAFAEL DEL ROSAL

Name of Person

GRUPO CRIOLLO LLC

Firm/Company

4250 BISCAYNE BLVD, UNIT 1002

Address

MIAMI, FL 33137

City/State and Zip Code

RAFADELROSAL@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE RAFAEL DEL ROSAL

954 6812257

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

2023 MAY -5 PM 2:40

Grupo Criollo LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE RAFAEL DEL ROSAL	4250 BISCAYNE BLVD, APT 1002 MIAMI FL 33137	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 MAY -5 PM 2:40

F. 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 MAY 1, 2023

Jose Rafael del Rosal

Signature of a member or authorized representative of a member

JOSE RAFAEL DEL ROSAL

Typed or printed name of signee

Filing Fee: \$25.00