

8/9/23, 12:21 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC
Account Number : 120210000104
Phone : (561)305-6436
Fax Number : (561)880-9444

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
R DUARTE FOODS LLC

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2023 AUG -9 PM 1:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG -9 AM 11:09

AUG 10 2023

T. LEMUEX

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

R DUARTE FOODS 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 05/17/2023 and assigned
Florida document number L23000243533.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RC DUARTE COMPANY LLC

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)

4308 S KIRKMAN RD

APT 1701

ORLANDO, FL 32811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4308 S KIRKMAN RD

APT 1701

ORLANDO, FL 32811

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:

REBECA C SILVA

New Registered Office Address:

4308 S KIRKMAN RD APT 1701

Enter Florida street address

ORLANDO

City

Florida

32811

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.

Rebeca Cavalcanto Duarte e Silva

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	REBECA C SILVA	4308 S KIRKMAN RD	<input type="checkbox"/> Add
		APT 1701	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change
MGR	CAIO DUARTE E SILVA	4308 S KIRKMAN RD	<input checked="" type="checkbox"/> Add
		APT 1701	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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.

Rebeca Cavalcante Duarte e Silva

Signature of a member or authorized representative of a member.

REBECA C SILVA

Typed or printed name of signee

Filing Fee: \$25.00