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(R	equestor's Name)	 .
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☐ FICK-05	WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
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Special Instructions to	Filing Officer	

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COVER LETTER

Div	ision of Cor	porations			
0.115.112.2721	VENEZUE	LA LATIN FOOD LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing		
Please return	all correspo	ondence concerning this matter	to the following:		
		ROMMEL CHACON			
			Name of Person		
		KRAMELL LLC			
			Firm/Company		
	2218 SAW PALMETTO APT 103				
			Address		
		ORLANDO, FL 32828			
			City/State and Zip Code		
		KRAMELL.LLC@HOTM			
		E-mail address: (to be used for future annual re	port notification	n)
For further in	nformation c	oncerning this matter, please c	all:		
ROMMEL C	CHACON	f Person	407 267-	9027	
	Name o	f Person	Area Code	Daytime Telep	ohone Number
Enclosed is a	check for th	he following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Add Registrat	Iress: ion Section	
		Corporations	_	of Corporat	ions
). Box 632		The Cent	re of Tallah	assec

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENEZUELA LATIN FOOD LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records. Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/25/2023	and assigned
Florida document number L23000256049		
'his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
		?t?3
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u></u>	<u></u>
		:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1.0
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	he name of the new regis
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	ROJAS, JOSE	6303 BANNER LAKE CIR	
		ORLANDO, FL 32821	■Remove
			Change
AMBR ROJAS MEDINA, JAVIE	ROJAS MEDINA, JAVIER	6303 BANNER LAKE CIR	≣ Add
		ORLANDO, FL 32821	□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date mu e: If the date inscreed in this biument's effective date on the D	date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.00 ing requirements, this date will not be listed
cord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m	i. on the earlier of: (b) The 90th day after t
JUNE 05 ed	. 2023	

Filing Fee: \$25.00