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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003850143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALC CONSULTING SERVICES INC

Account Number : I20200000139 : (407)801-1529 : (407)386-6503 Fax Number

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

Email Address: CORTEZLATINFOOD@GMAIL.COM

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CORTEZ LATIN FOOD LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30,00

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Help

K. SALY

NOV - 6 2023

Registration Section

To:

TO:

#### **COVER LETTER**

(((H23000385014 3)))

Division of Cor	porations		
CORTEZ I	ATIN FOOD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and (cc(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LORENA C RIOS		
		Name of Person	
	ALC CONSULTING SER	VICES INC %ALC TAX &ACCO	ame of Person  INC %ALC TAX &ACCOUNTING  irm Company  STE 255  Address  Cate and Zip Code  d for future annual report notification)  407  Area Code  Daytime Telephone Number  55.00 Filing Fee & Cartificate of Status & Certificate of Status &
	Name of Person  ALC CONSULTING SERVICES INC %ALC TAX &ACCOUNTING  Firm*Company  520 NORTH SEMORAN BLVD STE 255  Address  ORLANDO, FL 32807  City/State and Zip Code  LORENA@ALCTAXACC.COM  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  NA C RIOS  407 362-8056  Area Code Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee Service Certificate of Status  Certificate of Status  Certified Copy tadiational copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee		
		Address	
			(lication)
For further information c	oncerning this matter, please c	all:	
LORENA CIRIOS		407 362-8056	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	orporations	Division of Co	rporations

Tallahassee, FL 32303

o:

# (((H23000385014 3)))

From: LORENA RIOS

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

ARTICLES OF	F ORGANIZAT OF	ION	and assigned	
CORTEZ LATIN FOOD LLC			7	'M
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	3	·C
The Articles of Organization for this Limited Liability Compa	any were filed on JUN	4E 6TH, 2023	and assigned	<u>2</u> ,
Florida document number 1.23000276089			9	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company her	<u>:e</u> :		
N/A				
The new name must be distinguishable and contain the words "Limited L	inbility Company," the de	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS	2			
	N1.4			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our re	cords, <u>enter the nu</u>	me of the new registered	<u>d</u>
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Emer Flor	da street address		
		, Florida	2010.1.	
	Cay		<i>χιρ ε σα</i> σ	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this c lete performance of as provided for in C	my duties, and I w hapter 605, F.S. O	n familiar with and )r, if this document is	
ÎF	Changing Registered Ag	ent, Signature of New	Registered Agent	

(((H23000385014 3)))

### 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

· Page: 5 of 6

<u> </u>	<u>Name</u>	Address	Type of Action
MGR	BERNARDO NAPOLES	10954 MOBBERLEY CIR	<b>⊞</b> Add
		ORLANDO, FL 32832	
			Cl Change
MGR	KAY PALMAR	11586 COMIC ALY	□Add
		ORLANDO, EL 32832	
			<b>≡</b> Change
MGR	ALBIS J CORTEZ GOMEZ	11586 COMIC ALY	□Add
		ORLANDO, FL 32832	□Remove
		■Change	
			∐Add
			DAID Remove
			□ Change □ Add
			□Remove
			(T)Change

Го:

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Effective date, if other than the date of filing:  (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (5 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.  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 root is filed.						
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Dated NOVEMBER 6TH 2023  Alhisi) (ofer Goner.	ord is filed.					
Albisi) Cotes Gones	Dated NOVEMBER 6TH	2023	, •			
Signature of a member or authorized representative of a member	Albisi) Cater	EVIUL	red representative of a memb	er		
ALBIS J CORTEZ GOMEZ (MGR)	1916.	mare or a mention of augusti	es representante es a menic			

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