

L230004103 S24

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

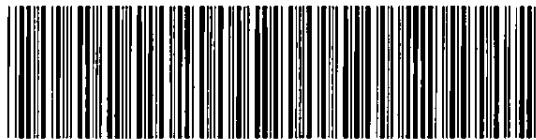
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

CARNICERIA ALTOS DEL SOL AMADA LLC  
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:

FRANCISCO J GARCIA

\_\_\_\_\_  
Name of Person

CARNICERIA ALTOS DEL SOL AMADA LLC

\_\_\_\_\_  
Firm/Company

11901 SW 187TH ST

\_\_\_\_\_  
Address

SOUTH MIAMI, FL 33177

\_\_\_\_\_  
City/State and Zip Code

USTUEMPRESA@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO J GARCIA

305 5606166

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_  
Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CARNICERIA ALTOS DEL SOL AMADA 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 08/25/2023 and assigned Florida document number L23000403524.

This amendment is submitted to amend the following:

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

NA

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:**

NA

**(Principal office address MUST BE A STREET ADDRESS)**

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TALLAHASSEE, FL

**Enter new mailing address, if applicable:**

NA

*(Mailing address MAY BE A POST OFFICE BOX)*

12:45 PM 10/20/04

**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:

IVAN LOPEZ

**New Registered Office Address:**

11901 SW 187TH ST

Enter Florida street address

## SOUTH MIAMI

Florida 33177

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### 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.*

Ivan Lopez

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	FRANCISCO J GARCIA	11901 SW 187TH ST SOUTH MIAMI, FL 33177	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	IVAN LOPEZ	11901 SW 187TH ST SOUTH MIAMI, FL 33177	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Remove <input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N.A.

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E. Effective date, if other than the date of filing: NA (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 January 25, 2024

Francisco Garcia

Signature of a member or authorized representative of a member

FRANCISCO J GARCIA

Typed or printed name of signee