

L23000405269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

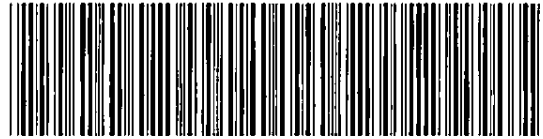
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STATE
TALLAHASSEE, FL

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LANAD GROUP 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:

LISSET ANDRADE LOPEZ DE SALAZAR

Name of Person

LANAD GROUP LLC

Firm/Company

1469 HERON NOOK ROAD

Address

WELLINGTON - LOXAHATCHEE - FLORIDA 33470

City/State and Zip Code

MANAGER@ANTOJADA.US

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

For further information concerning this matter, please call:

ANTHONY SALAZAR

305 317 8993
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

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

LANAD GROUP 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 09/05/2023 and assigned
Florida document number L23000405269

This amendment is submitted to amend the following:

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

N-A

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)

1469 HERON NOOK ROAD WELLINGTON

LOXAHATCHEE-FL 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1469 HERON NOOK ROAD WELLINGTON

LOXAHATCHEE, FL 33470

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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>
AMBR	Desserts, Antojada Chocolates &	13833 WELLINGTON TRACE	<input type="checkbox"/> Add
		SUITE E-7M	<input checked="" type="checkbox"/> Remove
		WELLINGTON, FL 33414	<input type="checkbox"/> Change
AMBR	ANTOJADA CHOCOLATIER	13833 WELLINGTON TRACE	<input checked="" type="checkbox"/> Add
		SUITE E-7M	<input type="checkbox"/> Remove
		WELLINGTON, FL 33414	<input type="checkbox"/> Change
AMBR	Desserts, Antojada Chocolates &	4095-4075 SR-7 S	<input type="checkbox"/> Add
		SUITE "E" LAKE WORTH, FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Antojada Chocolates & Desserts	4075 SR 7 S	<input checked="" type="checkbox"/> Add
		SUITE "E" LAKE WORTH, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

In the second addition the full name is: ANTOJADA CHOCOLATES & DESSERTS,

Please take it into consideration

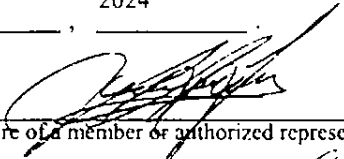
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 11 october, 2024



Signature of a member or authorized representative of a member

Luiset Anacleto Lopez de Salazar,

Typed or printed name of signee