

LA3000420625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

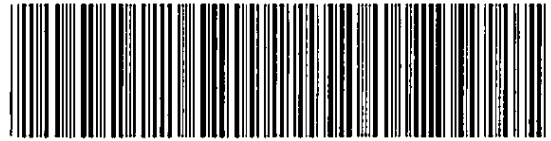
(Business Entity Name)

(Document Number)

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08/13/24--01006--018 \*\*60.00

2024 AUG 13 PM 3: 08  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SABOR A VALENCIA 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:

Leudys PERALTE  
Name of Person

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

1800 NE 114th ST. #608  
Address

MIAMI, FL 33181  
City/State and Zip Code

Leudys.PERALTE@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leudys PERALTE at (305) 317-9916  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

SABOR A VALENCIA 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 09/08/23 and assigned Florida document number L23000420625.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 NE 114th ST. #608  
MIAMI, FL  
33181

**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:

Loudys PERALEZ

New Registered Office Address:

4076 SW. 109th Ave.

Enter Florida street address

MIRAMAR

City

Florida

2024 AUG 18 PM 3:51  
SECRET  
TALL  
33023  
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.

Loudys PERALEZ

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	LEWIS A. JOIRL	172 NW 116th ST	<input type="checkbox"/> Add
		MIAMI, FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINDYS PERALEZ	1800 NE 114th ST #608	<input type="checkbox"/> Add
(MANAGER - ONLY CHANGING ADDRESS)		MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2024 AUG 3 PM 3:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 Add  
 Remove  
 Change  
 Add

FILED

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

Multiple horizontal lines for amending information.

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.

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SECRETARY OF STATE  
TALLAHASSEE FL

Dated August 1<sup>st</sup>, 2024.

Leidy's PERALEZ

Signature of a member or authorized representative of a member

Leidy's PERALEZ

Typed or printed name of signee