

L23000457743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

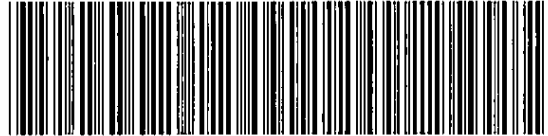
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF COMMERCE

U.S. DEPARTMENT OF COMMERCE  
FEB 1 1999

08/06/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WOW MARACAIBO 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:

TATIANA RINCON

Name of Person

WOW MARACAIBO LLC

Firm/Company

4300 NW 51st St

Address

Coconut Creek, FL 33073

City/State and Zip Code

tatianglerincon@gmail.com

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

For further information concerning this matter, please call:

TATIANA RINCON

786 603-9992

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**

WOW MARACAIBO 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 10/04/2023 and assigned  
Florida document number L23000457743.

This amendment is submitted to amend the following:

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

Rosi Arepa LLC

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:**

4300 NW 51st St

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

Coconut Creek, FL 33073

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

4300 NW 51st St

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

Coconut Creek, FL 33073

**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:

TATIANA RINCON

New Registered Office Address:

4300 NW 51st St

*Enter Florida street address*

Coconut Creek

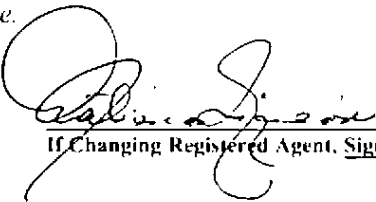
Florida 33073

*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>
MGR	TATIANA RINCON	4300 NW 51st St	<input type="checkbox"/> Add
		Coconut Creek, Fl. 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NIGDORYS BRACHO	4300 NW 51st St	<input type="checkbox"/> Add
		Coconut Creek, Fl. 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JHONNY RINCON	4300 NW 51st St	<input type="checkbox"/> Add
		Coconut Creek, Fl. 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

**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.

Dated \_\_\_\_\_.

TATIANA RINCON

**Filing Fee: \$25.00**