

L23 000 511 372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

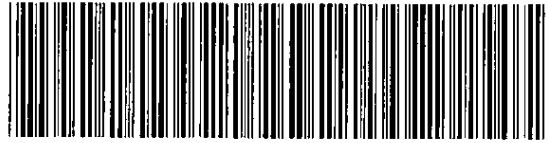
(Business Entity Name)

(Document Number)

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2023 NOV 16 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 NOV 16 AM 8:47

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LG SUGAR SUPPLY, 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:

LUIS EDUARDO ALFONZO

Name of Person

Firm/Company

7656 RIPPLEPOINTE WAY

Address

WINDERMERE/FLORIDA 34786

City/State and Zip Code

LEALFONZO@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS EDUARDO ALFONZO

Name of Person

at ( 786 )

Area Code

2962396

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

2023 NOV 16 AM 8:47

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	Gonzalo Melgarejo		<input type="checkbox"/> Add
	Panvela		<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

PLEASE CORRECT THE FOLLOWING ON ARTICLE V

THE MGR'S NAME MELGAREJO MELGAREJO PENUELA IS WRITTEN INCORRECTLY AND

THE CORRECT NAME IS GONZALO MELGAREJO PEÑUELA

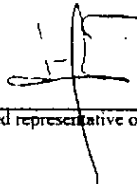
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 NOVEMBER 14, 2023



\_\_\_\_\_  
Signature of a member or authorized representative of a member

LUIS EDUARDO ALFONZO

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**