

L240000 35061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

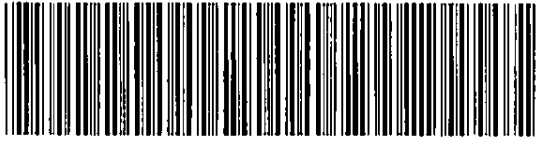
(Business Entity Name)

(Document Number)

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2024 MAY 8 PM 2:21
SECRET

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST FOOD COMPANY 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:

GUIDO ALBERTO COMMISSO
Name of Person
WEST FOOD COMPANY LLC
Firm/Company
4137 BRIAR LN
Address
WESTON, FL 33332
City/State and Zip Code
accounting@amtaxserv.net
E-mail address: (to be used for future annual report notification)

2004 AUG -8 PM 2:21
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GUIDO ALBERTO COMMISSO 33332 7867857351
Name of Person at (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**

WEST FOOD COMPANY 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 01/17/2024 and assigned Florida document number 1.24000035061.

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)

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STATE OF FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: L&A FINANCIAL AND INSURANCE SERVICES CORP.

New Registered Office Address: 929 SW 122nd Ave
Enter Florida street address

Miami, Florida 33184
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	Juan Ignacio Heredia	4137 BRIAR LN	<input type="checkbox"/> Add
		WESTON, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luciana Schellí	4137 BRIAR LN WE	<input checked="" type="checkbox"/> Add
		WESTON, FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECURITY

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

Change the AMBR.

Lined area for amending information with a stamp on the right side: 2014 APR -8 PM 2: 21 SECRET

E. Effective date, if other than the date of filing: 04/30/2024 (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) d)

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 04/30/2024 9:45 AM

Handwritten signature of Guido Alberto Comisso

Signature of a member or authorized representative of a member

GUIDO ALBERTO COMISSO

Typed or printed name of signee