

# L24000057030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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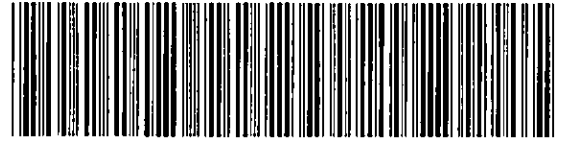
(Business Entity Name)

(Document Number)

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2024 SEP 30 AM 10:02  
-TALLAHASSEE, FL-  
CLERK OF CIRCUIT COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAZON DE PERU 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:

WILLIAM DELGADO

\_\_\_\_\_  
Name of Person

SAZON DE PERU LLC

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

119 LINDSAY DRIVE

\_\_\_\_\_  
Address

PALM COAST FL 32137

\_\_\_\_\_  
City/State and Zip Code

yanetp10@yahoo.com

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

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2024 SEP 30 AM 10:02  
TALLAHASSEE, FL

For further information concerning this matter, please call:

ERIC R. SLOAN

386

445-9800

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**

SAZON DE PERU 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 JANUARY 31, 2024 and assigned Florida document number L24000057030.

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."

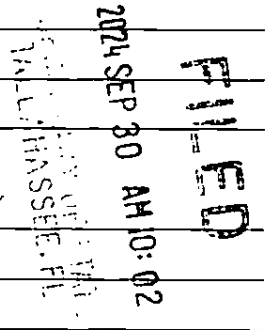
Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 PALM HARBOR VILLAGE WAY  
UNIT G  
PALM COAST, FL 32174



**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:

CHIUMENTO LAW PLLC

New Registered Office Address:

145 CITY PLACE, SUITE 301

Enter Florida street address

PALM COAST

City

Florida 32164

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	WILLIAM DELGADO	119 LINDSAY DRIVE	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM DELGADO	119 LINDSAY DRIVE	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FANNY D. QUINTO	119 LINDSAY DRIVE	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YANET POLENCO	9 PALM HARBOR VILLAGE WAY	<input checked="" type="checkbox"/> Add
		UNIT G	<input type="checkbox"/> Remove
		PALM COAST, FL 32137	<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

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CLERK OF CIRCUIT COURT

2024 SEP 30 AM 10:02  
ALLAHABAD, FL

FILED  
2024 SEP 30 AM 10:02  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLA  
TALLAHASSEE, FL

**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 SEPTEMBER 27 2024

William Delgado  
Typed or printed

Typed or printed name of signee

**Filing Fee: \$25.00**