

2/10/2011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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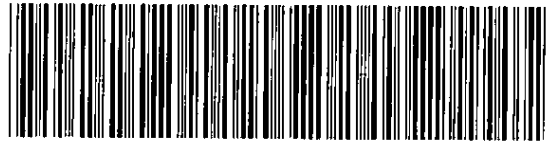
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Chelita's Rumba & Sabor, 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:

Ana Karina Rojas Villamil
Name of Person

Chelita's Rumba & Sabor, LLC
Firm/Company

1853 South Florida Mango Rd.
Address

West Palm Beach, FL 33406
City/State and Zip Code

Karinamus76@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Karina Rojas Villamil at (561) 983-1959
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

27 JUL 2007 PM 2:11
TALLAHASSEE, FL
CLERK OF STATE

ED

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

Chelita's Bumba Sabor, 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 02/28/2024 and assigned Florida document number L24000097322

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 "LLC."

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)

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:

Shon Ospina

New Registered Office Address:

1853 South Florida Mango Rd.

Enter Florida street address

West Palm Beach

City

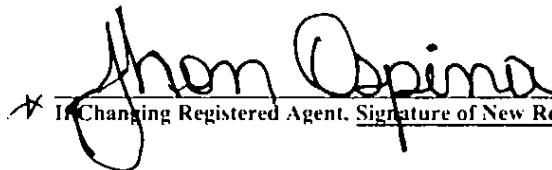
Florida

33406

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.


* In 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	Anakrina Rojas Villamil	160 North Military Trl	<input checked="" type="checkbox"/> Add
		W.P.B., Fl. 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Anakrina Rojas Villamil	160 North Military Trl.	<input type="checkbox"/> Add
		W.P.B., Fl. 33415	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Jhon Ospina	1853 Florida Hango Rd.	<input type="checkbox"/> Add
		W.P.B., Fl. 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Jhon Ospina	1853 Florida Hango Rd.	<input checked="" type="checkbox"/> Add
		W.P.B., Fl. 33406	<input type="checkbox"/> Remove
			<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

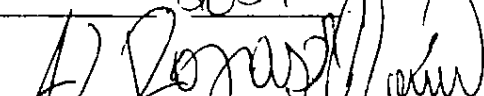
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TALLAHASSEE, FL

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JAN 17 PM 2:00
MISSISSAUGA

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JAN 27 PM 2:11
CLERK OF STATE
TALLAHASSEE, FL

(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)

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 August 6 2024

 Signature of a member or authorized representative of a member
Anakarina Bitjis Villamil
 Typed or printed name of signee

Filing Fee: \$25.00