

L24000102305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

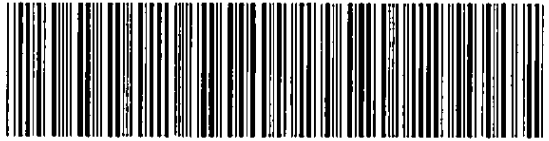
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2024

MARTIN BARRIOS
3940 NW 79TH AVE, APT 520
DORAL, FL 33166

SUBJECT: DEL SOL MEALS LLC
Ref. Number: L24000102305

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for INC/CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s). You may email the corrected documents or any questions you may have to: Vonterica.Williams@DOS.FL.GOV. PDF Format only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 924A00023935

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Del Sol Meals 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:

Martin G. Barrios
Name of Person

Del Sol Meals LLC
Firm/Company

3940 NW 79th Ave. Apt. 520
Address

Doral, FL 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

Martin Barrios at (732) 754-8917
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

CLERK OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Del Sol Meals 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 2/27/2024 and assigned
Florida document number 124000102305

This amendment is submitted to amend the following:

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

Master Meals 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:

(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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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CLERK OF CIRCUIT
CLERK OF CIRCUIT
TALLAHASSEE FL

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

STATIONER
STATE
HALL, ALABAMA, FL

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S. L. O. G. S. A. I. E.
HALLAHASSEE, FL

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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), if the effective date is later than the date of filing, this date will not be listed on the public version of the filing.

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 _____, _____, _____.

Signature of a member or authorized representative of a member

Martin G. Barrios
Typed or printed name of signee

Filing Fee: \$25.00