

L24000153945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

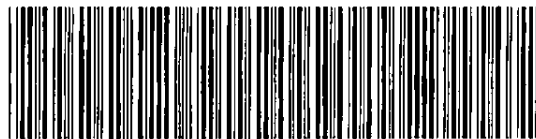
(Business Entity Name)

(Document Number)

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UCBA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALLNALI PROMINET NATURAL PRODUCTS 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:

MARIA DE LOS ANGELES GONZALEZ

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

AMARO ACCOUNTING SERVICES PA

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

1619 SW 138 AVE

\_\_\_\_\_  
Address

MIAMI FLORIDA 33175

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

magaccountingpa@att.net

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

For further information concerning this matter, please call:

Maria de los Angeles Gonzalez

786

556-3424

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**

(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 03/29/2024 and assigned Florida document number L24000153945.

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)**

312 Kilpatrick Loop

Clewiston Florida 33440

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

312 Kilpatrick Loop

Clewiston Florida 33440

**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:

Maria de los Angeles Gonzalez

New Registered Office Address:

312 Kilpatrick Loop

*Enter Florida street address*

Clewiston

Florida 33440

*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>
MGR	Carolina Davila Santillana de Quisc	1619 SW 138th Ave	<input type="checkbox"/> Add
		Miami Fl 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rolando Quisca	1619 SW 138th Ave	<input type="checkbox"/> Add
		Miami Florida 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria de los Angeles Gonzalez	14601 SW 10th St	<input checked="" type="checkbox"/> Add
		Miami Florida 33184	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

October first, 2024

Rolando Piresa 6/5/24

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**