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2024 DEC -2 PH 12: 4:



COVER LETTER

Tallahassee, FL 32314

	egistration Selivision of Col			
CHD IEC'I		Butchers Tradition, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Ernesto Gutierrez		
			Name of Person	
		Gutierrez Butchers Traditi	on, LLC	
			Firm/Company	
		11340 SW 184Th ST		
			Address	
		Miami, FL 33157		
		oonamoya69@yahoo.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For further	· information c	oncerning this matter, please c	all:	
	Ernesto Gi	itierrez	305 282 - 3185	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is	s a check for t	he following amount:		
) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres		Street Address: Registration S	ection
	-	Corporations	Division of Co	
P	.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Gutierrez Butchers Tradition, LLC		2024 DEC -2 DATE
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our led Liability Company)	ecords.) 2 7712:46
The Articles of Organization for this Limited Liability Compared Florida document number 1.24000183667	ny were filed on April 18th,	2024 DEC -2 PH 12: 46 Seconds: Seconds: TALLAHAndassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability 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 offic agent and/or the new registered office address here:	ee address on our records, g	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	nddress
	City	, Florida
	Cuj	zą com

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

Title	<u>Name</u>	Address	Type of Action
MGR	Oona Moya	11530 SW 140th Terrace, Miami, FL 33176	= Add
			□Remove
			□Change
	····		□Add
			□Remove
			□Change
			🗀 Add
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			Change
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			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

Page 2 of 3

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n effective date i ote: If the date	s listed, the date inserted in th		ing: and cannot be pri of meet the app	licable statuto) Pursuant to 605.02 will not be listed
		ayed effective record is file		ot an effec	tive time, at	12:01 a.m.	on the earlier
November	· 18th		2024	·			
	(25)						
		Signature of	a member or au	thorized represe	entative of a men	her	

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