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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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07/23/24--01002--003 \*\*25.00

2017 T. 23 T. 123 F.

## **COVER LETTER**

TO:

Registration Section

Divi	sion of Cor	porations	,		
SUB IECT.	CRISPY C	ONCEPTS LLC			
SUBJECT:	-	Name of Lim	nited Liability Company		
		Amendment and fee(s) are sub			
	·		•		
		Liuder Machado Betanco		<del></del>	
			Name of Person		
			Firm/Company		
	2204 Oasis Palm Circle, apt. 404				
			Address		
	Cape Coral, Fl 33991				
			City/State and Zip Code	<del></del>	
		crispycshop@gmail.com	to be used for future annual report not	:C(-1)	
For further in	formation co	oncerning this matter, please c	·	incation)	
Liuder Mach		•	+1 786-690-94	199	
	Name of	l Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	e following amount:			
<b>■ \$</b> 25.00 Fi		□ \$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)	
Reg Divi P.O.	ing Address istration S ision of Co Box 632 ahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRISPY CONCEPTS LLC

re i milita i milita	any <mark>as it now appears on ou</mark> Liability Company)	
ibility Company	were filed on May 15,	2024 and assigned
wing:		
the limited liab	oility company here:	
rds "Limited Liab	lity Company." the designation	on "LLC" or the abbreviation "L.L.C."
ble:	NOTAPPLICABLE	
ADDRESS)		
	NOT APPLICABLE	
<u>80X)</u>	<del></del>	
	address on our records,	enter the name of the new registe
NOT APPLICABLE		
NOT APPLIC	ABLE	
	Enter Florida stree	t address
×**		, Florida
	City	Zip Code
	wing:  the limited liab  rds "Limited Liab  ble:  ADDRESS)  gistered office here:  NOT APPLIC	rds "Limited Liability Company here:  ROT APPLICABLE  NOT APPLICABLE

Thereby 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 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>	Address	Type of Action
AMBR	Liuder Machado Betancourt	2204 Oasis Palm Cir, Apt. 404, Cape Coral, Fi 33991	□Add
			□ Remove
			≡Change
AMBR	Leyda del Carmen Machado Lores	2204 Oasis Palm Cir, Apt. 404, Cape Coral, Fl 33991	□Add
			□ Remove
			<b>■</b> Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

	····
<del></del>	
fective date, if other than the date of fi	iling:
on effective date is listed, the date must be specific tote: If the date inserted in this block does not be does not be determined the department of the department of the determined the	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ecord specifies a delayed effective date, but is filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 14TH ted	2024
	Harry Control of the
Signature o	of a member or authorized representative of a member