

L24000279704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

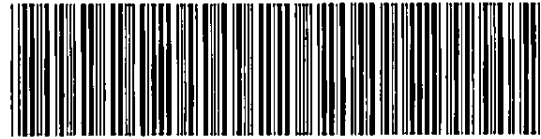
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP - 6 - 2024

Office Use Only



900435903729

2024 SEP - 6 AM 9:42

FILED

RECEIVED
2024 SEP - 6 PM 4:14
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOGON GOURMET 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:

EUYENY A. OROPEZA

Name of Person

FOGON GOURMET LLC

Firm/Company

8523 LEE LAND ARCHER BLVD

Address

ORLANDO, FLORIDA 32836

City/State and Zip Code

oropezacuycny@gmail.com

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

For further information concerning this matter, please call:

EUYENY OROPEZA

407 398-5893

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**

FOGON GOURMET LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 SEP -6 AM 9:42
CLERK OF COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06-20-2024 and assigned
Florida document number L24000279704.

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)

8523 LEE LAND ARCHER BLVD

ORLANDO, FLORIDA 32836

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8523 LEE LAND ARCHER BLVD

ORLANDO, FLORIDA 32836

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

Florida

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	EUYENY A. OROPEZA	8523 LEELAND ARCHER BLVD	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ELEAZAR A. ORSINI PIC	8523 LEELAND ARCHER BLVD	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE D. MARTINEZ LISCANO	15737 WATER SPRING BLVD	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FLORIDA 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VANESSA C. MILLAN MEDINA	15737 WATER SPRING BLVD	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FLORIDA 34787	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 3RD 2024

Evgeny A. Oshchep

Signature of a member or authorized representative of a member

EUYENY A. OROPEZA

Typed or printed name of signee

Filing Fee: \$25.00