

L24000 315 404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

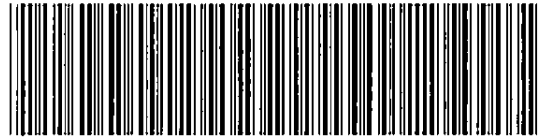
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900441218889

12/18/24--01022--027 **80.00

2024 DEC 18 PM 9:32
SECRETARY OF STATE
TALLAHASSEE
F-1234567

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA ORIGINAL DELICIA MEXICANA 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 MERLIN LOPEZ

Name of Person

LA ORIGINAL DELICIA MEXICANA LLC

Firm/Company

6813 TOM THUMB DR

Address

JACKSONVILLE, FL. 32210

City/State and Zip Code

martin.merlin.23@gmail.com

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

For further information concerning this matter, please call:

MARTIN MERLIN LOPEZ

704 4386614
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

2020 DEC 18 AM 10:02
SECRETARY OF
TALLAHASSEE
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LA ORIGINAL DELICIA MEXICANA 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 07/16/2024 and assigned
Florida document number 1.24000315404.

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)

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

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	MARTIN MERLIN LOPEZ	6813 TOM THUMB DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL, 32210	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OSCAR MERLIN LOPEZ	6813 TOM THUMB DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL, 32210	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARIELA MERLIN LOPEZ	6813 TOM THUMB DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL, 32210	<input type="checkbox"/> Remove
			<input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FL
2021 DEC 8 11:03 AM
FBI

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

Please correct the names listed in the articles of Organization as follows.

Remove JR from the names of the authorized persons mentioned in Articles III and IV

The corrected names should be:

MARTIN MERLIN LOPEZ

And

OSCAR MERLIN LOPEZ

MARIELA MERLIN LOPEZ

This amendment applies to all relevant sections, including Articles III and IV,

where these names appear incorrectly.

2024 DEC 18 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 12/16/2024 **(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 12/12 2024

Martin Merlin Lopez

Signature of a member or authorized representative of a member

MARTIN MERLIN LOPEZ

Typed or printed name of signer