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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rodrigo Posada		
		Name of Person	<u> </u>
	Grushoff & Posada		
		Firm/Company	· · · · · ·
	6991 W Broward Blvd Ste	105	
		Address	
	Plantation, FL 33317		
		City/State and Zip Code	
	alexpossotkd@htomail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information of	oncerning this matter, please c	all;	
Rodrigo Posada		954 316-2590 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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		Street Address:	
Registration S Division of C		Registration Se Division of Con	
P.O. Box 632	•	The Centre of T	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LATINO CRAVINGS, LLC. DBA/LAS AMERICAS BAKERY DANIA LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SEUNCHALL OF STATE TALLAHASSEE Elmed The Articles of Organization for this Limited Liability Company were filed on $\frac{11/12/2024}{11/12/2024}$ Florida document number L24000478788 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LATINO CRAVINGS LLC 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

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other the fan effective date is listed, the	han the date of fi	ling:		(opt	ional)	
f an effective date is listed, the Note: If the date inserted i locument's effective date of	in this block does no	ot meet the appli	cable statutory fil	more than 90 days after ing requirements, the	r filing.) Pursuant to 605 is date will not be list	5.0207 ted as
record specifies a delayed d is filed.	l effective date, but	not an effective	time, at 12:01 a.n	n. on the earlier of: (b) The 90th day afte	er the
Dated December4,	<u> </u>	, 2024	Ti J			
			1	-		
	Signature o	f a member or aud	iorized representati	ve of a member		