

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : [20020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALFA MAK FOOD CA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## **COVER LETTER**

TO: Registration Se Division of Cor			
OLID IN OT	K FOOD CA LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	GONZAŁEŻ, JESUS M		
		Name of Person	
	ALFA MAK FOOD CA LL	C	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3690 ESTEPONA AVE		
		Address	<del></del>
	DORAL, FL 33178		
		City/State and Zip Code	
	ACCOUNTING2@SILVASI	BOX.COM  be used for future annual report notific	eation
For further information of	oncerning this matter, please call		
TO TOTAL INCIDENCE	oncerning this transet, pressee can	•	
Name of	f Person	at ( ) Area Code Daytime '	Telephone Number
Enclosed is a check for th	ne 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 S		Street Address:	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALFA MAK FOOD CA LLC		
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on $\frac{1}{2}$	2/09/2024	and assigned
Florida document number L24000511649	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company ho	<u>ere</u> :	
ALFAMAK FOOD CA LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
		<u>; -</u>	202
		:•	5 J/
Enter new mailing address, if applicable:		ř.	= = =
Mailing address MAY BE A POST OF FICE			<u> </u>
maning duaress MAT DE AT VOT WITTE			3 6
		. :	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		ecords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	N/A		
		_	
New Registered Office Address:			
New Registered Office Address:	Enter Flor	rida street address	
New Registered Office Address:	Enter Flor	rida sirvet address , Florida	

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.

Page: 4 of 5	2025-01-06 15:58:51 GMT	14076418791	From: Fernando Herreri
PBCB. 4 DI 3	2023-01-00 13,30.31 01911	1-0/0-10/31	1 10111. 1 011101.00 1101.01

Page: 4 of 5 2025-01-06 15:58:51 GMT 14076418791 From: Fernando H It 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
			□Add
			□Remove
			☐Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			M.C.

. If amending any other informat		•	. ,	
		10.10.1		
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Effective date, if other than the (if an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Do	t be specific and cannot be prior took does not meet the applica	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursuant to dements, this date will not be l	605.0207 (3 listed as th
ne record specifies a delayed effective ord is filed.	e date, but not an effective tir	ne, at 12.01 a.m. on the e	arlier of: (b) The 90th day a	fter the
Dated JANUARY 6	2025	·		
	Tesus Gonzalez	ſ		
	Signature of a member or author		nber	
	JESUS GONZAI	LEZ		
<del></del>	Typed or printe	d name of signee		

2025-01-06 15:58:51 GMT

Filing Fee: \$25.00