Floriga Department of State Division of Corporations Electrodic Filling Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAN SIMON MILK FACTORY LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN SIMON MILK FACTORY LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Company as it no	DW ADDRESS OF OUR PROPERTY OF THE PROPERTY OF
(A Florida Limited Liability Co	ompany)
The Articles of Organization for this Limited Liability Company were file	00.000
Florida document numberL20000070847	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	19ny house
The new name must be distinguishable and contain the words "Limited Liability Compan Enter new principal offices addiscs is a second se	V The decimal W.
address, II applicable.	y, the designation "LLC" or the abbreviation "LLC"
(ETINCIPAL OFFICE Address MUST BE A STREET ADDRESS)	
	-3
Entonia de la companya de la company	***
Enter new mailing address, if applicable:	,)
(Mailing address MAY BE A POST OFFICE BOX)	
	2
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Бпи	er Florida sveet address
City	, Florida:
New Registered Agent's Signature, if changing Registered Agents	Zlp 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 cm 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> MGR	Name Veronica I Moucharfich Salas	Address 5851 HOLMBERG RD APT 3312	Type of Action
	·	PARKLAND, FL 33067	
MOR	M&M Financial Consulting LLC	7854 NW 104TH CT	
		DORAL, FL 33178	
AMBR	Luis A Perez Llavaneras	8400 SW 133 AVENUE RD APT 323	1
		MIAMI FL 33183	
			
			□ Change □ Add
		, <i>,</i>	
			-
			🗆 Remove
			□ Change

Effective date, if other than the date of filing: (optional) If an effective date, it is other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The proof appoints a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.		er information, enter change(s) here: (Attach additional sheets, if necessary.)
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