## 124000353090

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| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
| J. HORNE<br>JUL 30 2024                 |

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## , COVER LETTER

TO:

**Registration Section** 

| Div   | ision of Co             | rporations                                   |   |  |  |  |
|---|-------------------------|--|---|--|--|--|
| SUBJECT:                                      | HOLY SANDWICH LLC       |  |   |  |  |  |
| SOBJECT:                                      |                         | Name of Limited Liability Company            |   |  |  |  |
| The condition of                              | 1 A : - : - : - : 6     |  | 1.0   |  |  |  |
| rne enciosed                                  | Articles of             | Amendment and fee(s) are sul                 | omitted for filing.   |  |  |  |
| Please return                                 | all correspo            | ondence concerning this matter               | to the following:   |  |  |  |
|   |                         | HECTOR D ORTEZ JOY                           | 'A  |  |  |  |
|   |                         |  | Name of Person  |  |  |  |
|   |                         |  | Firm/Company  |  |  |  |
|   |                         | 2080 SW 37TH TER                             |   |  |  |  |
|   |                         |  | Address   | <del> </del>   |  |  |
|   |                         | FORT LAUDERDALE F                            | 1., 33312   |  |  |  |
|   |                         | HOLYSANDWICHFLL@                             | City/State and Zip Code<br>GMAH, COM                                |  |  |  |
|   |                         |  | to be used for future annual report no                              | otilication)   |  |  |
| or further in                                 | formation c             | oncerning this matter, please c              | all:  |  |  |  |
| HECTOR D                                      | ORTEZ JO                | YA   | 786 369-6543  |  |  |  |
|   | Name o                  | f Person                                     |   | me Telephone Number  |  |  |
| Enclosed is a                                 | check for th            | ne following amount:                         |   |  |  |  |
| <b>■ \$</b> 25,00 Fi                          | iling 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) |  |  |
|   | ling Addressistration S |  | Street Address:<br>Registration S                                   | ection   |  |  |
| Registration Section Division of Corporations |                         |  | Registration Section Division of Corporations                       |  |  |  |
|   | . Box 632               |  | The Centre of   | Tallahassee  |  |  |
| Tallahassee, FL 32314                         |                         | 2415 N. Monroe Street, Suite 810             |   |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.33. 13 1 1:20

| HOLY SANDWICH LLC  |   |                         |
|--|---|-------------------------|
| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ity Company as it now appears on our records.) a Limited Liability Company) | <del></del>             |
| The Articles of Organization for this Limited Liability C Florida document number <u>L24000283090</u>      | Company were filed on JUNE 21, 2024   | and assigned            |
| This amendment is submitted to amend the following:  |   |                         |
| A. If amending name, enter the new name of the lim   | ited liability company here:  |                         |
| The new name must be distinguishable and contain the words "Lim  | nited Liability Company," the designation "LLC" or th                       | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                         |
| Principal office address MUST BE A STREET ADDR   | RESS)   |                         |
|  |   |                         |
|  |   |                         |
| Enter new mailing address, if applicable:  |   |                         |
| Mailing address MAY BE A POST OFFICE BOX)  |   |                         |
|  |   |                         |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our records, <u>enter the n</u>                         | ame of the new regist   |
| 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>  | <u>Name</u>    | <u>Address</u>            | Type of Action |
|---------------|----------------|---------------------------|----------------|
| MBR           | JOSE CONSUEGRA | 2080 SW 371'H             | <b>≡</b> Add   |
|               |                | FORT LAUDERDALE, FL 33312 | Remove         |
|               |                |                           | □ Change       |
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| Note:        | tree date, if other than the date of filing:  |
| 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 d. |
| Dated _      | 7-17-2024   |
|              | Aliter 2  |
|              | Signature of a member or authorized representative of a member  |
|              | HECTOR D ORTEZ JOYA   |
|              | Typed or printed name of signee   |

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