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Registration Section Division of Corporations

SUBJECT:	Mambos =	Paellas, LLi ted Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
	ondence concerning this matter	•			
	Mrs. Yaz	Pame of Person			
	Mambos	Paellas, LLC Firm/Company		TALL SECI	
	8315 S	U 102 Ave. Address	· · · · · ·	MAY 12 MIASSET	FILED
	Miani, diaz yazmu J-maiyadress: (1	FL 3373 City/State and Zip Code 15109mail Cl o be used for fugire annual report notifi	cation)	E, FLORIDA	<u></u>
YAZMIN	concerning this matter, please ca	at 786 , 34352	205 Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Mambos Pae (Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 01/21/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	
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	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- LES 8
	₩ 58
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u> s <u>here</u> :
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

or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Torres, Ramon SR.	8315 SW 102 Ave.	Add
		Miami, FL 33173	Remove
			Change
MGR	Jarrin, Iring M.	8315 SW 102 AVE.	Add
		Miami, FL 33173	□ Remove
			Change
			□ Add
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ffective date, if other than the date of an effective date is listed, the date must be specote: If the date inserted in this block doe occument's effective date on the Departme	ific and cannot be prior to da s not meet the applicable	te of filing or more than 90 days	optional) s after filing.) Pursuant to 605.02 s, this date will not be listed
e record specifies a delayed effec		effective time, at 12:	01 a.m. on the earlier
The 90th day after the record is			
ated MAY QQ	2014		
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and the state of t	or a member of authorize	t a ¬	
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Filing Fee: \$25.00