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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CHURROS + (Plus) LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giselle Pinto
Name of Person

CHURROS Plus LLC
Firm/Company

816 NW 11th St Apt. 809
Address

Miami, FL 33136
City/State and Zip Code

CONTACT@SUGARYUMMIAMI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giselle Pinto at (305) 607 2671
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Churros + Limited Liability Company
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JAN 11 2011 and assigned Florida document number L 10000113923.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
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)

816 NW 11th St. #809
MIAMI, FL 33136

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

816 NW 11th St. #809
MIAMI, FL 33136

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:

GISELLE PINTO

New Registered Office Address:

816 NW 11th St. #809

Enter Florida street address

MIAMI

City

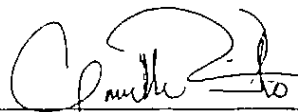
Florida

33136

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIRECTOR</u>	<u>Giselle PINTO</u>	<u>816 NW 11th St. #809</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33136</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR.</u>	<u>STEPHANIE BALTAR</u>	<u>19364 NW 30th Ct.</u>	<input type="checkbox"/> Add
		<u>Miami GARDENS, FL 33056</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>LORGE BERREA</u>	<u>19364 NW 30 Ct.</u>	<input type="checkbox"/> Add
		<u>Miami GARDENS, FL 33056</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

STILL
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11 NOV 2011
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AMT: 26
Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THIS IS TO AMEND THE AUTHORIZED PERSONNEL FOR CHURROS PLUS
LLC ~~XXXXXXXXXX~~, STEPHANIE BALTAR
- FORMER MGR AND JORGE BERREA - FORMER AMBR
WITH DRAWING AUTHORITY OVER THIS LIMITED LIABILITY
CORPORATION.

GISELLE PINTO, NEW PRESIDENT BECOME THE STATEMENT
AUTHORITY OF THIS LLC.

NOTE: STEPHANIE BALTAR + JORGE BERREA MOVED WITHOUT
PROVIDING FURTHER INFORMATION.

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SILVER SPRING, MD
CLERK OF COURT

E. Effective date, if other than the date of filing: JUNE 30th 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated October 1st, 2018.



Signature of a member or authorized representative of a member

Giselle PINTO

Typed or printed name of signee