LII 000139960

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COVER LETTER

	istration Sect sion of Corp					
	-	CUISINE MIAMI LLC				
SUBJECT:						
The enclosed	Anticles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		EPIFANIO MENDOZA	_			
			Name of Person			
	PERUVIAN CUISINE MIAMI LLC					
			Firm/Company	, .		
221 W HALLANDALE B			CH BLVD SUITE 208	•		
			Address			
		HALLANDALE FL 33009)	•		
•			City/State and Zip Code			
		collsusana10@hotmail.com		· 		
For further in	Jarmetian ca	E-mail address: (incerning this matter, please ca	to be used for future annual report in	ourication)		
		therring this matter, please ec				
EPIFANIO MENDOZA			954 682 9884 at ()	20 L 1 Nichter		
	Name of	Person	Area Code Dayt	nne Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25,00 F	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 Section Division of Corporations P.O. Box 6327		Street Address: Registration S Division of C The Centre of	Section forporations			
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERUVIAN CUISINE MIAMI LLC		
(Name of the Limited Liability Comp. (A Fiorida Limited	any as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company	were filed on <u>12/13/201</u>	and assigned
Florida document number L11000139960		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
MENDOZA PERUVIAN COMPANY. LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		•
inter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX)		·
		•
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			□ Clumge
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Renюve