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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations					
LA PACHA	ANGA LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JOSE ANDARCIO				
		Name of Person			
	LA PACHANGA LLC				
		Firm/Company			
	4601 S.W. 75 AVE				
		Address			
	MIAMI, FL. 33155				
	<u> </u>	City/State and Zip Code			
	jgonzalez@cdbcon.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
JOSE ANDARCIO		786 853-4414			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 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 S	Section	Street Address: Registration So			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA PACHANGA LLC

21 JUN 18 PH 3:51

(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 I	Liability Comp	pany were filed on $\frac{02/18/2016}{}$	and assigned
Florida document numberL13000018428	,		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited	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 appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	fice address on our records, <u>c</u>	enter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street d	uddress
			_, 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:

MGR = Manager AMBR = Authorized Member Type of Action Address | Title <u>Name</u> 2611 W. FLAGLER ST. **MGRM** ELIAS, SANTIAGO R □Add MIAMI, FL. 33135 _____ □Remove JOSE ANDARCIO 4601 S.W. 75 AVE. MGRM MIAMI, FL 33155 □Remove _____ 🗀 Add □Remove _____ □Add _____ □Remove _____ □Add _____ □Remove

______ Change

Ų V	enter change(s) here: (Attach additional sheets, if necessary)		
	21 JUN 18 PH 3: 51		
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Effective date, if other than the fan effective date is listed, the date made inserted in this belocument's effective date on the least of the late on the least of the least	e date of filing:		
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the		
Dated	. 2021		
	579050-		
	Signature of a member-or authorized representative of a member		
	SANTIAGO ELIAS		
	Typed or printed name of signee		