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| (Re | questor's Name) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | · | |
| Special Instructions to | Filing Officer: | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LA CASA CATERING HALL LI | LC | |
|--|---|--|
| (Name of the Lim | ited Liability Company as it now appears o (A Florida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited l | Liability Company were filed on 11/26 | and assigned |
| Florida document numberL13000165915 | · | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company here | ; |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the design | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | |
| | | 7 23 |
| | | |
| B. If amending the registered agent and | | (1.7) |
| registered agent and/or the new registered of | office address here: | Sept. 23 |
| | HAPH I V DENIA | |
| Name of New Registered Agent: | JINEILLY PENA | |
| New Registered Office Address: | 6159 ROXBURG AVENUE | ORIDE E |
| · · · · · · · · · · · · · · · · · · · | Enter Florida | street address |
| | ORLANDO | , Florida ³²⁸³⁹ |
| | 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

| - | 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> | Address | Type of Action |
|--------------|--------------------|---------------------|----------------|
| M | JEANNETTE VENDRELL | 6159 ROXBURG AVENUE | □ Add |
| | | ORLANDO FL 32839 | ■ Remove |
| | | | Change |
| MGR | JINEILLY PENA | 6159 ROXBURG AVENUE | ■ Add |
| | | ORLANDO FL 32839 | ☐ Remove |
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| Effective date, if other than the | e date of filing: | (optional) |
| It an effective date is listed, the date mu | ist be specific and cannot be prior to date of filing | or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as |
| document's effective date on the I | | Timing requirements, this date will not be listed as |
| | | |
| he record specifies a delaye The 90th day after the rec | d effective date, but not an effecti cord is filed. | ve time, at 12:01 a.m. on the earlier of |
| Dated MARCH 18 | 2016 | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00