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T. MATTHEWS

JUL 14 2022

Division of Corporations Bandeja Paisa LLC SUBJECT: \_ 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: Arleen Davila Name of Person ADV Accounting & Tax Services LLC Firm/Company 12701 S John Young Pkwy Stc 215 Address Orlando FL 32837 City/State and Zip Code arleendavila@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Arleen Davila 6410810 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

**Registration Section** 

Tallahassee, FL 32314

## TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF DIVISION OF CORE

22 MAY 16 P!

Bandeja Paisa LLC

(Name of the Limited	d Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)	<u></u>
The Articles of Organization for this Limited Lia Florida document numberL15000148915	bility Company were filed on	09/01/2015	_ and assig
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	e designation "LLC" or the abbre	viation "L.L.C
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or regardent and/or the new registered office address	gistered office address on our	records, enter the name o	
Name of New Registered Agent:			
New Registered Office Address:	Enter F.	lorida street address	
	City	, Florida	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGRM	Johnny A De Freitas Jimenez	14329 Cheverleigh Dr	□ ∧dd
		Orlando FL 32837	□Remo
			<b>≣</b> Chanş
MGRM	Jonathan Manuel Oliveira	14340 Colonial Grand Blvd Apt 3307	
		Orlando F1, 32837	□ Remo
MGRM	Rosemary Oliveira	14340 Colonial Grand Blvd Apt 3307	□ Add
		Orlando F1, 32837	□Remov
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J. II AIDCUC	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing:
f the record secord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	05/05/2022
	Signature of a member or authorized representative of a member
	Johnny A De Freitas Jimenez
	Typed or printed name of signee

a: