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## **COVER LETTER**

TO: Registration Section Division of Corporations
Division of Corporations  UBJECT: Venegas Goya Food LUC  Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:  YNOTIEL Venegas  Name of Person  Venegas Goya Food LUC  Firm/Company  2815 Cari bbean Isle Blud Apt. 501  Address  Malbourne FL 32935  City/State and Zip Code  YNOTIEL Venegas  E-mail address: (to brused for future annual report notification)  or further information concerning this matter, please call:  YNOTIEL Venegas  Name of Person  at (321) 339 8178  Name of Person  Area Code Daytime Telephone Number  1 \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificat Copy  (additional copy is enclosed)  Certificat Copy  (additional copy is enclosed)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ynoriel Venegas Name of Person
Division of Corporations  SUBJECT: Veneques Coya Food LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filting.  Please return all correspondence concerning this matter to the following:  Yoursel Veneques  Name of Person  Veneques Coya Food LLC  Firm/Company  2815 Cari bbean Isle Blud Apt. 50  Address  Malbourne FC 32935  City/State and Zip Code  Ynorcellence as Cymail - com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Ynorcel Veneques  Name of Person  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)
2815 Caribbean Isle Blud Apt. 501
Melbourne FL 32935  City/State and Zip Code  Ynorcelleneggs@Ymail.com  E-mail address: (to be used for future annual report notification)
Vnoriel Venegas  Name of Person  at (321) 3398178  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

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

Veneras Goya	Food LLC	Me F	
(Name of the Limited L.) (A F	Tood LLC lability Company as it now appears lorida Limited Liability Company)	on our records.)	స్ట్
The Articles of Organization for this Limited Liabil	ity Company were filed on	03/04/2016 and assign	ned
Florida document number <u>L160000462</u>	<u>65.</u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words	C "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C	X 99
Enter new principal offices address, if applicable	<b>:</b>		
(Principal office address MUST BE A STREET A	DDRESS)		
	<del></del>		<u></u>
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da 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 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			
	MCD = Manager		
	MON - Manager ,	•	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Venegas Ynoriel	2815 Caribbean Isle Apt 501 Melbourne F	BLV D 12/Add
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ote: I	re date, if other than the date of filing: $0 \le 117 0 0$ (optional) ctive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nt's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of
	may 17 , 2016.	
ated _	f. Af.	

Page 3 of 3

Filing Fee: \$25.00