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To:

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Division of Corporations

Fax Number

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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PER JUL. 24 PH 12: 56 DIPLE JUL. 24 PH 12: 56 DIVISION OF STREET OF STATE IN

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIVERSAL SNACK'S ORLANDO LLC

Certificate of Status	0
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JUL 25 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL SNACK'S ORLAN	•					
(Name of the Lim	ited Liability Comp (A Florida Limited	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited I	Liability Company	were filed on 05/01/	2023	nd assigned	ł	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the design	ation "LLC" or the abbreviat	ion "LaLaC."		
Enter new principal offices address, if appli	cable:	15360 COUNTY RI	O \$65A			
Principal office address MUST BE A STREET ADDRESS)		GROVELAND FLORIDA 34736				
Enter new mailing address, if applicable:	15360 COUNTY RD 565A					
Mulling address MAY BE A POST OFFICE	BOX)	GROVELAND FLORIDA 34736				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address her		r records, <u>enter the r</u>	name of th	e	
	15360 COUNTY RD 565A			23	23	
New Registered Office Address:	Enter Florida street address		_			
	GROVELAND)	Florida 34736	42	;	
New Registered Agent's Signature, if changing	Registered Agent:	City	Florida 34736		(
hereby accept the appointment as register	·			င္မာ		

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 heing 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>	Name	Address	Type of Action
MGR	LUIS MUNOZ	17121 GATHERING PL CIR	Add
		CLERMONT, FLORIDA 34711	■ Remove
			□ Change
MGRM	CLARA I. MUNOZ DE GOMEZ	3887 TREE TOP DR	□ Add
		WESTON FLORIDA 33332	≅ Remove
			☐ Change
AMBR	LUIS F. ROMERO CASTRO	15360 COUNTY RD 565A	
		GROVELAND, FLORIDA 34736	Pomove
			☐ Change
			□ Add
			□ Remove
			Change
_ -			Add
			Remove
			Change
			
			☐ Remove
		·	FI Change

From: Yanet Avila

To

Effective date, if other than the date of filing: O7/21/2023				
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