L170000222883

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TO TO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 PM 4: 46

COVER LETTER

TO:		istration Se ision of Cor		e.*`			· •	
CUDIE	erer.	SEGUNDI	NA DAVILA LLC					
SUBJE	.CI:		Name of Limited Liability Company					
The end	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please 1	return	all correspo	ndence concerning this matter	to the following:				
			SEGUNDINA DAVILA					
				Name of Pe	rson			
			SEGUNDINA DAVILA L	LC				
				Firm/Comp	any			
			13371 SW 153 ST APT 11	103				
				Address				7
			MIAMI, FL 33177					
			***************************************	City/State and Z	ip C	ode		
			segundinadavila@gmail.com					
				to be used for futur	e an	nual report noti	fication)	
For fur	ther in	formation c	oncerning this matter, please ca	all:		-		
SEGU	NDIN	A DAVILA		347 at (`	2517163		
		Name of	f Person	Area C	ode	Daytim	e Telephone Number	
Enclose	ed is a	check for th	ne following amount:					
\$25	5.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified (additional o	Cop	у	Certified (of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			i I (Regi: Divis Clifte 2661	EET/COURI stration Section sion of Corpor on Building Executive Ce shassee, FL 32	rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGUNDINA DAVILA LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000022883</u>	pany were filed on 1/30/201	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SEGUNDINA DAVILA ANTOJITOS CRIOLLOS PERUANO	S LLC	•
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRES.	<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ed office address on our shere: Enter Florida stre	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my di t as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action			
		 				
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en effective date is ote: If the date	f other than the date of slisted, the date must be spe inserted in this block do live date on the Departm	cific and cannot es not meet th	e applicable:	e of filing or mostatutory filing	re than 90 days	optional) after filing.) Purs , this date will i	uant to 605.0207 (3 not be listed as th
	ifies a delayed effe y after the record is		but not an	effective ti	me, at 12:0)1 a.m. on t	he earlier of:
ted	4/20		017		0		
-	Signati	GMM!	dina or authorized	representative	fa member		
	Segun	Luc	Davi	ıla			

Page 3 of 3

Filing Fee: \$25.00