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(Re	questor's Name)	
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COVER LETTER

	Name of Lim	ited Liability Company	
'he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Raul Rodriguez		
		Name of Person	
	RR & CO		
		Firm/Company	
	PO BOX 668361		
	<u> </u>	Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	info@rodriguezr.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Raul Rodriguez		786 5012021	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AUGUST 18,2017 and assigned Florida document number L17000176957 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EL VASITO DEL SABOR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1340 NE 176 STREET, NORTH MIAMI BEACH, FL 33162 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1340 NE 176 STREET, NORTH MIAMI BEACH, FL 33162 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

EL VACITO DEL SABOR LLC

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.

RODRIGUEZ R & CO LLC

DORAL

8200 NW 41 STREET, SUITE 200

City

Post Koyaisotz
Ir Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AMBR	DAVID RAIII	1340 NE 176 STREET	
		NORTH MIAMI BEACH, FI. 33162	Remove
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			□ Remove
			☐ Change
			Remove
			☐ Change
			🗅 Add
			Remove
			□ Change
			SECRETARY DIVISION OF CI
			ARY OF STATE
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	late of filing: be specific and cannot be p	nor to date of filing or mor	(optional) re than 90 days after filing.)	Pursuant to 605.01
Effective date, if other than the		olicable statutory filing	requirements, this date w	
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Filing Fee: \$25.00