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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJEC				
SUBJEC	·Ii		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		EDMAR M. AMAYA		
			Name of Person	
		EDAM LAW PLLC		
		EDAM LAW PLLC Firm/Company 175 SW 7 STREET SUTTE 2410 Address MIAMI FL 33130 City/State and Zip Code EDMAR.AMAYA@EDAMLAW.COM E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: ya at (305) 6430740 Name of Person Area Code Daytime Telephone Number		
		175 SW 7 STREET SUITE	E 2410	
			Address	
		MIAMI FL 33130		
			•	
				ication)
For furthe	er information c		•	,
EDMAR	amaya			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

DOPAZO FOOD LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) d Liability Company)	-		
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L17000196697}{L17000196697}$.	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	16225 SW 117 AVE. #9			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL. 33176			
Enter new mailing address, if applicable:	16225 SW 117 AVE. #9	## ## ## ## ## ## ## ## ## ## ## ## ##		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL. 33176			
		CONTRACTOR OF THE PROPERTY OF		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		enter the name of the ne		
registered agent and/or the new registered office address ne	<u>:re</u> :	15 G		
Name of New Registered Agent: NO CHANGE	E			
New Registered Office Address:	Enter Florida street address			
	, Floric	da		
	City	Zm 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN DOPAZO	2734 BIRD AVE #112	
		MIAMI, FL. 33133	Remove
		<u> </u>	■ Change
MGR	ANA M. CORREA	2734 BIRD AVE #112	
		MIAMI, FL.: 33133	□ Remove
MGR	ANA A. PATINO	REMOVE	Add
			■ Remove
			□:Ghange.
			Rengove
			Change
			🗖 Add
			□ Remove
			☐ Change
			Add
			Remove
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ffective date, if other tha	n the date of fil	SEPT. 29, 2	2017	(ont	ional)
an effective date is listed, the da	ite must be specific.	and cannot be prior		ore than 90 days afte	r filing.) Pursuant to 605 02
lote: If the date inserted in to ocument's effective date on				g requirements, th	s date will not be listed a
e record specifies a del	layed effective	e date, but no	t an effective t	ime, at 12:01	a.m. on the earlier
The 90th day after the	e record is file	:d.		,	
SEDT 20		2017			
ated SEPT. 29		2017	<u> </u>		
	4	<u>//-</u>			
	- Va	<i>I</i>	orized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00