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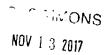
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COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Elimited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marleni Espinal Name of Person
El Primo Prestaurant
11925 Beach Blvd Suite 205 - 206
Jackson rulle FL 32246 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Carmen (au da Montine at (904) 729-9889 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

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

(Name of the Lim	AD PS taurant LL C ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Oct 10 2017
This amendment is submitted to amend the fol	llowing:
A. If amending name, enter the new name of the new name must be distinguishable and contain the Enter new principal offices address, if applies	Stavrant and Grocery LEC." words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE	υ _γ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent: New Registered Office Address:	Marleni M. Esp; Nal 11925 Blach Blyd Unit 205 Enter Florida street address Jackson Will , Florida 32246 Zip Code
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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

<u>itle</u>	<u>Name</u>	Address	Type of Action
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ote: If the date	if other than the is listed, the date mu te inserted in this bi ective date on the D	st be specific and lock does not r	meet the applic	cable statutory f	r more than 90 d	_ (optional) ays after filing.) nts, this date	Pursuant to 605.0207 will not be listed as
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Filing Fee: \$25.00