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| (Re                     | equestor's Name)    |           |
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| (Cit                    | ry/State/Zip/Phone  | · #)      |
| PICK-UP                 | WAIT                | MAIL      |
| (Bu                     | siness Entity Nam   | ne)       |
| (Do                     | cument Number)      |           |
| Certified Copies        | Certificates        | of Status |
| Special Instructions to | <br>Filing Officer: |           |
|                         |                     |           |
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## COVER LETTER

| Division of Cor            | porations                                       |   |   |
|----------------------------|---|---|---|
| SUBJECT:                   | Mi Sabor  |   |   |
|                            | Name of Lim                                     | ited Liability Company  |   |
|                            |   |   |   |
| The enclosed Articles of   | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please return all correspo | ondence concerning this matter                  | to the following:   |   |
|                            |   | Carlos Percz<br>Name of Person  |   |
|                            |   | Mi Sabor  |   |
|                            | 4310 51   | Mi Sabor Firm/Company  N 75th Avenua  | •<br>-  |
|                            |   | Address   |   |
|                            |   | Miami, FL 3   | 33155   |
|                            | E-mail address: (                               | Miami FL 3 City/State and Zip Code OS ja mi Savorlatio to be used for future annual report notifi | no.nct  |
| For further information of | concerning this matter, please ca               |   |   |
| Carlos                     | PCC Z   | at ( <u>'30</u> \$_)G K   | 7 - 9889<br>Telephone Number  |
| Enclosed is a check for t  | he following amount:                            |   |   |
| ☑ \$25.00 Filing Fee       | ☐ \$30.00 Filing Fee &<br>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:

TO:

Registration Section

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

| $\cap$   |                              | Sabor   |                             | MALC<br>SECT<br>SECT      |
|--|------------------------------|---|-----------------------------|---------------------------|
| (Name of the Limited Li.<br>(A Fl  | ability Com<br>lorida Limite | pany as it now appears on<br>d Liability Company) | our records.)               | AUG 1                     |
| The Articles of Organization for this Limited Liabili  | ity Compar                   | ny were filed onl                                 | 1/2//2017                   | 12 P O                    |
| This amendment is submitted to amend the following   | ā:                           |   |                             | 03<br>DA                  |
| A. If amending name, enter the new name of the   | limited lia                  | ability company here:                             |                             |                           |
| Deve loped The new name must be distinguishable and contain the words                          | "Limited Lia                 | Group LLC initity Company," the design            | nation "LLC" or the abbro   | eviation "L.L.C."         |
| Enter new principal offices address, if applicable   | :                            |   |                             |                           |
| Principal office address MUST BE A STREET AL   | <u>DDRESS)</u>               |   |                             | <del> </del>              |
|  |                              |   |                             |                           |
| Enter new mailing address, if applicable:  |                              |   |                             | ·                         |
| (Mailing address MAY BE A POST OFFICE BOX  | <u>K)</u>                    |   | ·                           |                           |
|  |                              |   |                             | · v                       |
| B. If amending the registered agent and/or r registered agent and/or the new registered office |                              |   | ir records, <u>enter th</u> | <u>ne name of the nev</u> |
|  |                              |   |                             |                           |
| Name of New Registered Agent:  |                              | <del>-</del>                                      |                             | <del></del>               |
| New Registered Office Address:   |                              | Enter Florida                                     | street address              |                           |
|  |                              | 23.12 10.1111                                     | , Florida                   |                           |
| _  |                              | City  |                             | Zip 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 |
|--------------|---------------------|---------------------------|----------------|
| President    | Adriana Calderon    | 4310 SV 75°               | Add            |
|              |                     | Avenu<br>Miami, FL 33155  | ⊡ Remove       |
|              |                     |                           | Change         |
| MGR          | <u>Carlos</u> Perez | <u>4310 SV 757</u>        |                |
|              |                     | Avenue<br>Miami, FL 33155 | □ Remove       |
|              |                     |                           | Change         |
| MGR          | Aléjandos Perez     | 4310 SW 75h               | <u>□ ∧dd</u>   |
|              |                     | Miami FL 33155            | Remove         |
|              |                     | <del></del>               | Change         |
| MGR          | Carbs Perez Jr      | U310 SW 75th Am           | 🗆 Add          |
|              |                     | Miami, FL 33155           | 🗆 Remove       |
|              |                     |                           | Change         |
|              |                     |                           | □ Add          |
|              |                     |                           | Remove         |
|              |                     |                           | Change         |
|              |                     |                           | □ Add          |
|              |                     |                           | Remove         |
|              |                     |                           | ☐ Change       |

| . If am | ending any other information, enter change(s) here: "(Attach additional sheets, if necessary.)  |
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| Note    | tive date, if other than the date of filing:  |
|         | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated   | 8/10/19   |
|         | Signature of a member or authorized representative of a member  |
|         | Typed or printed name of signee   |

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Filing Fee: \$25.00