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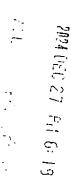
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COVER LETTER

TO: Registration Se Division of Co			
Epifanio's	Miami Treats, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joel Careaga		
		Name of Person	
	Cueto Law Group		
		Firm/Company	
	2100 Ponce De Leon Blvd	, Suite 1050	
		Address	
	Coral Gables, Florida 3314	16	
		City/State and Zip Code	-
	Lucasleyva@gmail.com E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	·	·
Marcus Leyva		305 905-3399	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			1.1
Epifanio's Miami Treats, LLC			
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)	
	(A Florida ismined islassing e	Anifolia i	27
The Articles of Organization for this Limited I	Liability Company were fil	ed on November 25, 2017	and assigned
Florida document number L17000243171			<u> </u>
This amendment is submitted to amend the fol	lowing:		. сэ
A. If amending name, enter the new name	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
•			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	·	
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE	<u></u>		
			me of the new parieto
B. If amending the registered agent and/or		on our records, enter the na	me of the new registe
agent and/or the new registered office addr	ess nere.		
Name of New Registered Agent:	· 		
	16800 SW 79th Ct		
New Registered Office Address:	10000000111700	Enter Florida street address	
		CHICE CHITIGA SIFEEL AGAILESS	
	Miami	Florida _	33157
	Cuy		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 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	MARCUS LEYVA	16800 SW 79th Ct.	
		Miami, Florida 33157	≣Remove
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fective date, if other to an effective date is listed, the	han the date of fi	iling:	o date of filing or more t	option (option	al) ing) Pursuan	Lio 605 020
	in this block does n	not meet the applical	ble statutory filing re-	quirements, this d	ate will not	be listed a
ote: If the date inserted	on the Department	of State's records.				
ote: If the date inserted						
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ote: If the date inserted boument's effective date record specifies a delayer is filed.	Signature o	2024			· 	2824 DEC 2

Filing Fee: \$25.00