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COVER LETTER

TO:

	Registration So Division of Co				
SUBJEC		DAS & AREPAS FACTORY			
SUBJEC	1:	Name of Em	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		JULISSA ROSADO			
			Name of Person		
		DCM SERVICES CENTI	:R INC		
		<u>-</u>	Firm/Company		
		2529 W BUSCH BLVD S	UITE 1000		
			Address		
		TAMPA, FLORIDA 3361	8	·.	, <u>e</u>
			City State and Zip Code	•	- 15 - 15
		DCMSERVICESCENTER	to be used for future annual report not	(12	حہ
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roraurine	ж иногизааон с	oncerning this matter, please c	au:	· .	
JULISSA	. ROSADO		813 990-8630 at ()	•	į., j
	Same o	f Person	Area Code Daytin	ie Telephone Number	— <u> </u>
Enclosed	is a check for th	ne following amount:			
■ \$25,00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of 3 Certified Copy (additional copy)	Status & - g
	Registr Divisio P.O. Bo	ING ADDRESS; ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPANADAS & AREAS FACTORY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida I mited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 1 2018 and assigned Florida document number 1.18000054770 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EMPANADAS & AREPAS FACTORY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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. Thereby 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>Name</u> Title Address Type of Action _____ Remove

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