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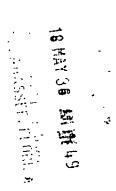
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Diana Carvajal		
		Name of Person	
	JC Arepas y mas LLC		
		Firm Company	
Name of Person JC Arepas y mas LLC Firm Company 10154 SW 139 Place Address Miami/F1, 33486 City State and Zip Code diana@jcarepas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diana Carvajal 305 2836354 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escion Filing Fee Scion Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status			
		Address	
	Miami/FL 33186		
	diana@jcarepas.com	City State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Diana Carvajal		Address Miami/FL 33186 City State and Zip Code liana@jcarepas.com E-mail address: (to be used for future annual report notification) erming this matter, please call: 305 3836354 at (
Name	of Person	Area Code Dayii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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

JC Arepas y mas LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000079753	Company were filed on April 1, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		6 0
(Principal office address MUST BE A STREET ADD	(DESS)	7 7
Trincipal office data ess si OST DE A STREET ADD	(AD.33)	γ ω
Parties and the Adams of the Parties		13
Enter new mailing address, if applicable:		5 5
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office adented to the new registered office adented Agent:	•	enter the name of th
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	Сиу	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
AMBR	CARVAJAL, DIANA	10154 SW 139 Place	
		Miami, FL 33186	Remove
			■ Change
AMBR	CARVAJAL, JHON J	10154 SW 139 Place	Add
		Miami, FL 33186	☐ Remove
			Change
AMBR	ECHEVERRI, MARIA I	10154 SW 139 Place	
		Miami, FL 33186	□ Remove
			Change
			Remove
			Change
			Add
			Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filin (ote: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuar c filing requirements, this date will not	u to 605.02 be listed
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the	earlier
ated May 29th 2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00