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| Special Instructions to Filing Officer:  |
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### **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor  |  |   |  |
|---|--|---|--|
| El Sabor Ca                             | abinetry, LLC                                |   |  |
| SUBJECT:                                | Name of Urn                                  | ited Liability Company  | •  |
|   |  |   |  |
| The enclosed Articles of                | Amendment and fee(s) are sub                 | mitted for filing   |  |
| Picase return all correspo              | ndence concerning this matter                | to the following:   |  |
|   | Angela M. Artz                               |   |  |
|   |  | Name of Person  |  |
|   |  | Firm/Company  |  |
|   | 11405 Cypress Park St                        |   |  |
|   |  | Address   |  |
|   | Tampa, FL 33624                              |   |  |
|   |  | City/State and Zip Code   | •  |
| i                                       | , artzangela@gmail.com                       | to be used for future annual report noti                            |  |
| For further information c               | tie<br>oncerning this matter, please co      |   | indution;  |
| ÷ 1,-3,                                 | , 5  | 813 267-8928  |  |
| Angela M. Artz                          |  | at ()   |  |
| Name o                                  | t Person                                     | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for th              | ne following amount:                         |   |  |
| ■ \$25.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | □ 855,00 Filling Fee & Certified Copy fadditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
|   |  |   |  |
| <u>Mailing Addres</u><br>Registration S |  | <u>Street Address:</u><br>Registration Se                           | Nim  |
| Division of C                           |  | Division of Cor   |  |
| P.O. Box 632                            |  | The Centre of T   | •  |
| Tallahassee, l                          | FL 32314.                                    | 2415 N. Monro<br>Tallahassee, Fl.                                   | e Street, Suite 810<br>. 32303   |

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim   | ompany as it now appears on our rec<br>nted Liability Company) | ords.)   | ·                 |
|---|--|--|-------------------|
| The Articles of Organization for this Limited Liability Comp  | oany were filed on 08/06/2018                                  |  | _ and assigned    |
| Florida document number L18000187466  |  |  |                   |
| This amendment is submitted to amend the following:   |  |  |                   |
| A. If amending name, enter the new name of the limited  | liability company here:  |  |                   |
| El Sabor, LLC   |  | 7-0  | 20:               |
| El Sabor, LLC  The new name must be distinguishable and contain the words "Limited    Enter new principal offices address, if applicable: | Liability Company," the designation "I                         | LC" or the abbre   | rvisiion "L.L.C." |
| Enter new principal offices address, if applicable:   |  | 200<br>200<br>200<br>200<br>200<br>200<br>200<br>200<br>200<br>200 | 꽃                 |
| Principal office address MUST BE A STREET ADDRESS   | <u> </u>   | <u> </u>   | ω<br>".           |
|   |  | <u></u>  | AH.               |
|   |  | SE SE  | 7: 2              |
| Enter new mailing address, if applicable:   |  | Drn  |                   |
| Mailing address MAY BE A POST OFFICE BOX)   |  |  |                   |
|   |  |  |                   |
|   |  |  |                   |
| B. If amending the registered agent and/or registered off<br>agent and/or the new registered office address here:                         | ice address on our records, <u>en</u>                          | ter the name (   | of the new regist |
| agent and/or the new registered office address nere.  |  |  |                   |
| Name of New Registered Agent:   |  |  |                   |
|   |  | •  |                   |
| New Registered Office Address:  | Enter Florida street ode                                       | dress  |                   |
|   |  | Florida  |                   |
|   | City   | r 1911aa   | Zıp 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

| Title | <u>Name</u> | Address                               | Type of Action         |
|-------|-------------|---------------------------------------|------------------------|
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| ective date, if other than the date of filing:  | (optional)   |
| effective date is listed, the date must be specific and cannot be prior to date of fi<br>e: If the date inserted in this block does not meet the applicable statute | ling or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed |
| ument's effective date on the Department of State's records.  |  |
|   |  |
| ord specifies a delayed effective date, but not an effective time, at 12:0 sfiled.  | H a.m. on the earlier of: (b) The 90th day after (   |
| I = I   |  |
| 4/8/2020  |  |
| ed 4/8/2020   |  |
| //////////////////////////////////////  |  |
| Significe of a member or authorized repre-  | sentative of a member  |
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