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COVER LETTER

	Registration Se Division of Cor			
eun ire	J&J Papas i			
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Lisa Vasquez		
			Name of Person	-
		J&J Papas Fritas, LLC		
			Firm/Company	
		3023 SW Berry Ave		
			Address	
		Palm City / FL 34990		
			City/State and Zip Code	
		pedrovasq123@aol.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	atl:	
Lisa Vas	squez		772 260-9867	
-	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & 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:

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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

J&J Papas Fritas, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L18000203799	vere filed on 08/24/2018	and assigned
This amendment is submitted to amend the following:	* v	
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrevi	tion 'L.L.C."
Enter new principal offices address, if applicable:	, see a	υ co <u>Γ</u>
(Principal office address MUST BE A STREET ADDRESS)		
	0.2	-1 -
Enter new mailing address, if applicable:		ri on
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
. 	City Florida	
New Registered Agent's Signature, if changing Registered Agent:	City 2i	Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am famili	ar with and s document is s liability

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>	<u>Address</u>	•	Type of Action
MGR	Pedro Vasquez	3023 SW Berry Ave Palm 34990		
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				= Remove
			* *	Change
MGR	Ryan Vasquez	3023 SW Berry Ave Palm 34990	City FI	5
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Filing Fee: \$25.00