K180000209629

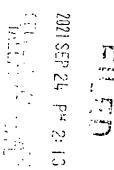
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DET 03 2021

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
		DE MI FAMILIA, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
		YIMI E ELIS SANTOS		
		Name of Person		
EL SABOR DE MI FAMILIA. LLC				
Firm/Company				
18903 SW 354 ST				
	Address			
		HOMESTEAD, FL 33034		
		City/State and Zip Code		
		RVICESLLC@GMAIL.COM (to be used for future annual report notification)		
or further information c	oncerning this matter, please c	call:		
YIMI E ELI	786 239-0033 E			
Name o	f Person	Area Code Daytime Telephone Number		
nclosed is a check for th	ne following amount:	కు		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Majling Addres	ç.	Street Address:		
Registration S	Section	Registration Section		
Division of C		•		
-	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL SABOR	DE MUFAMILIA, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability C Florida document numberL18000209629	Company were filed on _	08/31/2018	and assigne	d
This amendment is submitted to amend the following:	<u> </u>			
A. If amending name, enter the new name of the lim	ited liability company b	nere:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)		20	
			21 8	
			70	 3 }
Enter new mailing address, if applicable:				; ;
(Mailing address MAY BE A POST OFFICE BOX)			signation "LLC" or the abbreviation "L.L.C." Comparison Compariso	
			<u> </u>	7
			. 5	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our	records, <u>enter the na</u>	ame of the new re	gistered
Name of New Registered Agent:			-	
New Registered Office Address:			<u>_</u>	
	Enter Fla	orida street address		
		, Florida		
	City		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
AR	ANA RUTH TURCIOS AGUILAR	106 NW 4TH AVE	□Add
		HOMESTEAD, FL 33030	≣Remove
			Change
			□Add
			□Remove
			Change 921 SEP 24
			☐Change_
			□Remove
			□ Change
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				(4) (1.2 / 2 / 2)				
Tective o	date, if other than the date is listed, the date is	he date of filin	g:	09/12/2021	or more than 90 d	_ (optional)	Pursuant to 60	is n207
<u>ste:</u> If th	ne date inserted in this is effective date on the	block does not i	meet the applic	cable statutory i	filing requireme	ents, this date v	vill not be lis	ted as
eumem s	serretive date on the	trepartment or .	mic s record.	•				
ecord spe is filed.	ecifies a delayed effec	tive date, but no	t an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The	90th day afte	er the
ted	SEPTEMBER 12		2021	·				
		(1) Latini	1,1					
	٨	Live III Later						
		Signature of y	member or auth	orized represent	ative of a member			

Filing Fee: \$25.00