## L19000120999

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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations					
	FOODS LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	ERLINDA LOPEZ					
	<del></del>	Name of Person	<del></del>			
	FILIPINO FOODS LLC					
		Firm/Company	<del></del>			
	2811 TAMIAMI TRAIL I	JNIT B				
		Address				
	PORT CHARLOTTE FL.	33952				
		City/State and Zip Code	<u></u>			
	filipinofoodslle@gmail.com					
For further information		to be used for future annual report no	tification)			
	oncerning this matter, please c	au:				
ERLINDA LOPEZ		941 204 3874 at () Area Code Daytime Telephone Number				
Name o	of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 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 Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations			
Tallahassee, I	FL 32314		oc Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILIPINO FOODS LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000120999	were filed on 05/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L1.C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE 3
(Principal office address MUST BE A STREET ADDRESS)		ZI CR
		N R IS
		75 A
Enter new mailing address, if applicable:		SS P P IN
(Mailing address MAY BE A POST OFFICE BOX)		75 - 0
		30
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registero
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

PH INDIA PAGNALLA

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

Title	<u>Name</u>	Address	Type of Action
MGR	ERLINDA LOPEZ	18131 Edgewater Drive Port Charlotte FL 33948	
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Effecti	ve date, if other	than the date.	of filing: July	y <b>9</b> , 2021 (	7 r		(option:	-15		
(II an effi	ective date is listed, the	ie date must be spe	eific and canno	t be prior to d	ate of filing or i	nore than 90 day	vs after fili	ng ) Porsuai	nt to 6 <b>0</b> 5.0	0207 (.
Note:	If the date inserted ent's effective date	in this block do	es not meet th	ie applicable	statutory fili	ng requiremen	ts, this da	ite will not	be listed	l as ti
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