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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	-alatel Name of Limi	Time De Co	y LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rick	Name of Person	
		Firm/Company	
	1143574 W	Palnetto Puri	e Rb.
		60, FL. 33428 City/State and Zip Code	
	Falatel E-mail address: (1	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		
Ricky	Men Person	at (<u>56</u>) <u>30\$</u> Area Code Daytim	- 565 U e Telephone Number
Enclosed is a check for th	e 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Falafel Ine D	elay , LC
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L. 2000001519</u> .	were filed on _0110112020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Falafel Time ER. The new name must be distinguishable and contain the words "Limited Liabili	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PLEIL DE BOLG RUDO, FL 35428
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11435-H W Palmett. Parle R Baca Rabo. Fl. 33498
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1435-H Boia	W Palmetto Pack RE Enter Florida street address Ruton Florida 33428
	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 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>	Name	Address	Type of Action
			□Add
			Remove
			□ Change
<u>.</u>			□ Add
			Remove
			□Change
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			□Change

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(If an effec <u>Note:</u> If	e date, if other than the dive date is listed, the date must the date inserted in this blo t's effective date on the De	be specific and canno ck does not meet th	ie applicable sta	of filing or more tutory filing re	(optiona than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207
the record : cord is tiled	specifies a delayed effective l.	date, but not an eff	fective time, at 1	2:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated _6	150211co21	Uh A	r or authorized re	presentative of	a member	
	RICKY	HFN	for printed name			

Filing Fee: \$25.00