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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | · l |
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| | egistration Se ivision of Cor | | | |
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| eun inca | | ANIBAL LLC | | |
| SUBJECT | `E | Name of Lim | ited Liability Company | |
| The enclos | ed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | rn all correspo | ondence concerning this matter | to the following: | |
| | | JOSE ANIBAL ROMAN | | |
| | | | Name of Person | |
| | | HELADOS ANIBAL LLC | BAL LLC Name of Limited Liability Company Industrial Address and Signature and Signa | |
| | | | Firm/Company | |
| | | 1435 SIMPSON RD | If fee(s) are submitted for filing. Ing this matter to the following: BAL ROMAN Name of Person ANIBAL LLC Firm/Company SON RD Address IE FL 34744 City/State and Zip Code DIESABEMAS.COM I-mail address: (to be used for future annual report notification) natter, please call: at (407 | |
| | | | Address | |
| | | KISSIMMEE FL 34744 | | |
| | | | City/State and Zip Code | |
| | | • | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For further | information c | oncerning this matter, please c | all: | |
| JOSE ANI | BAL ROMAN | N | | |
| | Name o | of Person | | ne Telephone Number |
| Enclosed is | s a check for th | he following amount: | | |
| ፷ \$25.00 |) Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | lailing Addres | | | ection |
| D | ivision of C | Corporations | Division of Cor | rporations |
| | .O. Box 632 allahassee 4 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HELADOS ANIBAL LLC

2238 10 m 7: 6

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | City | | Zip Code |
|---|-------------------------------------|---------------------------------------|--------------------------|
| | KISSIMMEE | , Florida ³⁴ | 744 |
| | | Enter Florida street address | |
| New Registered Office Address: | 1435 SIMPSON RD | | |
| Name of New Registered Agent: | JOSE ANIBAL ROMA | N | |
| B. If amending the registered agent and/or r agent and/or the new registered office addres | egistered office address s here: | on our records, <u>enter the nan</u> | ne of the new registered |
| | | | |
| (Mailing address MAY BE A POST OFFICE) | BOX) | | |
| Enter new mailing address, if applicable: | | | |
| (Principal office address MUST BE A STREE | <u> </u> | | |
| | | | |
| Enter new principal offices address, if applic | | - | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Com | pany," the designation "LLC" or the a | bbreviation "L.L.C." |
| A. If amending name, enter the new name of | f the limited liability co | mpany here: | |
| This amendment is submitted to amend the follo | owing: | | |
| Florida document number L20000186353 | · | | |
| The Articles of Organization for this Limited Li | iability Company were f | led on | and assigned |
| | | 07/01/2020 | |

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.

M 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> | Name | Address 42387 10 60 7:41 | Type of Action |
|--------------|---------|------------------------------------|-----------------|
| MGR | YESENIA | 1435 SIMPSON RD KISSIMMEE FL 34744 | □Add |
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| ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department. | he specific and cannot be prior to ck does not meet the applicab | date of filing or more than ole statutory filing requi | (optional) 90 days after filing.) Pursu- rements, this date will no | ant to 605,020 of he listed a |
| ord specifies a delayed effective filed. | date, but not an effective tim | e, at 12:01 a.m. on the c | earlier of: (b) The 90th | day after th |
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