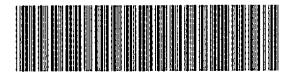
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TO:

Registration Section Division of Corporations

LA PERIJANERA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LUZ ALEJANDRA LOPEZ Name of Person LA PERIJANERA LLC Firm/Company **4728 EVERGALDES CIRCLE** Address KISSIMMEE FLORIDA 34746 City/State and Zip Code PHOENIXBPG@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUZ ALEJANDRA LOPEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA PERIJAN (Name of the Limited Liability Com (A Florida Limite	IERA LLC pany as it now appears on our records. d Liability Company)	.)		
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed onJULY 8 TH.2020)	and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
DISTRIBUIDORA LA PERIJ				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbrev	riation "L	.L.C."
Enter new principal offices address, if applicable:		(1) 	2020	
(Principal office address MUST BE A STREET ADDRESS)				-11
		334 334	27	-
Enter new mailing address, if applicable:		3SEF	PM	m
(Mailing address MAY BE A POST OFFICE BOX)	 		<u>မာ</u>	
		بنا	&	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of	the ne	w registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Flor			
	City	2	Lip 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 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effective date is listed, the date must b	be specific and cannot be prior to date of k does not meet the applicable statu	filing or more than 90 days a	ifter filing.) Pursuant to 6 this date will not be li	05.020 sted a:
ocument's effective date on the Dep				
record specifies a delayed effective listified.	date, but not an effective time, at 12	::01 a.m. on the earlier of:	: (b) The 90th day af	ier the
is med.				
OCTOBER 20	2020			
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Filing Fee: \$25.00