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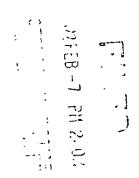
(Requestor's Name)						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE(	CT: Texas Raspas y Snacks LLC  Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Taina Jaimes Name of Person
	Firm/Company
	6606 Patricia Dr.
	West Palm Beach FL 33413  City/State and Zip Code  + x ras pas @ gmail. com  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Taina Jaimes at (561) 355 9826  Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount: Pay to the order of: Florida Department of State
	5.00 Filing Fee Solution Solut

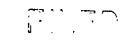
TO:

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



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Paspas	y Sno	icks II	B = 7 PM 2: 0.1
i <mark>bility Company a</mark> orida Limited Liabil	sit now appears ity Company)	on our records.)	<del></del>
y Company wer <u>o 2</u> 96	e filed on	7/16/2	o and assigned
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ered office addr <u>e</u> :	ess on our re	cords, <u>enter the n</u>	name of the new registered
	Enter Florie	da street address	
	City	, riorida	Zip Code
	imited liability  imited liability  imited liability  DRESS)  red office addres:	imited liability Company ber S & S \ QCKS \ Limited Liability Company." the de \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	imited liability company here:  S & SNOCKS LL Limited Liability Company," the designation "LLC" or the designation "LLC"

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>	<u>Name</u>	Address	Type of Action
			\ \ \ \ \ \ \_
			□Remove
			□Change
			□ Add
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			Change
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			□Remove
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			<b>5</b> 0:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) Effective date, if other than the date of filing: (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) E. Effective date, if other than the date of filing: \_\_\_ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Filing Fee: \$25.00

Typed or printed name of signee