## K20000220804

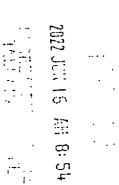
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## **COVER LETTER**

TÒ:

Tallahassee, FL 32314

TÖ: Registration Se Division of Cor					
Chaemool	Hospitality LLC				
SUBJECT:					
-	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Eduardo Fajardo-Lara				
		Name of Person		-	
	Chaemool Hospitality LL	(`			
	166 NW 57 - 184	Firm/Company			
	166 NW 52nd Street			_	
	Miami FL 33127	Address			
		W. W 127 C. I		-	
	eduardo@thewolfoftacos.c	City/State and Zip Code om		2022 JUN 16	·
	E-mail address: (	to be used for future annual report no	otification)		
	concerning this matter, please ca			ā	
Eduardo Fajardo-Lara		786 3018639 ar ()			•
Name o	of Person	Area Code Dayr	ime Telephone Number	7 27	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Martin A. J.		Camina & J.J.			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	Section		
Division of C	Corporations	Division of C	orporations		
P.O. Box 631	27	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	CLES OF AMENDMENT TO	
ARTICI	LES OF ORGANIZATION	
	OF	
		5.
Chaemool Hospitality LLC		
( <u>Name of the Limited I.</u> (A F	iability Company as it now appears on our records lorida Limited Liability Company)	.)
he Articles of Organization for this Limited Liabil lorida document number 1.20000220804		and assigned
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LEC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
<u>Mailing address MAY BE A POST OFFICE BO.</u>	<u></u>	
3. If amending the registered agent and/or regis gent and/or the new registered office address h		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
rem regimered office (1991egs).	Enter Florida street address	
	. Flo	rida
_	City	Zip Code
ew Registered Agent's Signature, if changing Regi	istered Agent:	
	gent and agree to act in this capacity. I fur	ther agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pablo Reyes	1786 Chucunantah Rd. Miami Fl. 33133	■Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
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	05/01/2022
an effi <u>ote:</u>	ve date, if other than the date of filing:
record is fil	I 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 ed.
ated .	the hely an
	Signature of a member or authorized representative of a member
	Eduardo Fajardo-Lara