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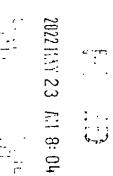
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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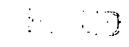
COVER LETTER

TO:

	tegistration Se Division of Cor			
arib resev	Pizzamexi L	LLC		
SUBJEC"	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		Daniel Vargas		
			Name of Person	
		Pizzamexi LLC	•	
			Firm/Company	
	Pizzamexi LLC Firm/Company 2026 NE 8th Street Address Homestead, FL 33033 City/State and Zip Code lascazuelasmexico434@gmail.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call:			
			Address	
		Homestead, FL 33033		
			City/State and Zip Code	
		= =		
For furthe	r information co			otification)
Daniel Va	urgas			
	Name o	f Person		ine Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$ 25.0	0 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:		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of Co		
Ī	P.O. Box 632	.7	The Centre of	Tallahassee
•	Γallahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 23 AH 8: 04 Pizzamexi LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/26/2020 and assigned

The Articles of Organization for this Limited Liability Company were filed on Florida document number L20000266022 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniela Vargas		□Add
		12388 SW 127TH AVE MIAMI, FL 33186	≅ Remove
			□Change
AMBR	Daniel Vargas	12388 SW 127TH AVE MIAMI, FL 33186	= Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
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If an effecti Note: If t	date, if other to the date is listed, the the date inserted t's effective date	e date must be spec in this block doc	eific and cannot es not meet the	be prior to date applicable s	of filing or more atutory filing r	than 90 days aft	tional) er filing.) Pursua nis date will no	nt to 605.0207 (2 t be listed as th
e record spord is filed.	pecifies a delayed	I effective date,	but not an effe	ective time, a	12:01 a.m. on	the earlier of:	(b) The 90th c	lay after the
Day Ma	ay 13th		2022	2				
Dated				· · ·				
				—- <u>-</u>				
		Signatu	re of a member	or authorized	representative of	a member		

Filing Fee: \$25.00