120000311611

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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	·	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE <u>08/06/2021</u>	er i	WALK IN
ENTITY NAME MASTER	R OF EMPANADAS LLC	
		
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN **	
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	_
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so much	h!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER OF EMPANADAS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/02/2020	and assigned
lorida document number 1.20000311611		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	_	
	_	: : : : : : : : : : : : : : : : : : : :
If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
_	, Flo	orida
*	City	Zip 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 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 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>	Address	Type of Action
AMBR	PAC TRADING LLC	3330 NW 60 St	■Add
		Miami, FL 33142	□Remove
			□Change
		~ -	□Add
			□Remove
47			□Add
			□Remove
		<u> </u>	□ Change
			□Add
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the listense.	slock does not meet the app	neable statutory timig r	(optional) than 90 days after filing.) equirements, this date	Pursuant to 605.02 will not be listed :
record specifies a delayed effect d is filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after th
August 6th	2021	·		
	/s/ Franco Yo	innelli		
	Signature of a member or au	thorized representative of	a member	

Filing Fee: \$25.00