Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180

Fax Number ; (305)591-9167

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

> > Email Address: info@jelenaccounting.com

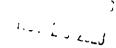
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMARIA HEALTHY INTERNATIONAL CUISINE LLC

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CORAL GABL		lorida ³³¹³⁴	
New Registered Office Address:	271 MIRACLE MILE Enter Florida street address			
Name of New Registered Agent:				
Name of Nam Registered Agents				
 If amending the registered agent and/or i gent and/or the new registered office addre 		address on our records, <u>enter</u>	the name of the new register	
Mailing address MAY BE A POST OFFICE	BOX)	CORAL GABLES, FL 33134	<u>্</u>	
Enter new mailing address, if applicable:			<u> </u>	
		271 MIRACLE MILE	- : - :	
			<u> </u>	
Principal office address MUST BE A STREE	T ADDRESS)	CORAL GABLES, FL 33134	<u> </u>	
Enter new principal offices address, if applic	able:	271 MIRACLE MILE	j23	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	2" or the abbreviation "L.L.C."	
t. It amending name, enter the new name of	the bilited bab	шту сотрану неге.		
A. If amending name, enter the new name o	*	ility company haras		
his amendment is submitted to amend the foll	owing:			
lorida document number L20000362281	·			
he Articles of Organization for this Limited L	iability Company	were filed on 11/16/2020	and assigned	
	(A Florida Lunited	iny as it now appears on our recordiability Company)	==- ,	

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.

Ī	Ē	hanging	Registered a	Agent. S	ignature of	New R	egistere	d 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>Name</u>	<u>Address</u>	Type of Action
ALFREDO SANTAMARIA	271 MIRACLE MILE	
	CORAL GABLES, FL 33134	□Remove
		■ Change
		□Add
		□Remove
		□Change
		⊡Add
		□Remove
		□Change
		□Add
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		□Change
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		☐Change
		
		□Remove
		ALFREDO SANTAMARIA 271 MIRACLE MILE CORAL GABLES, FL 33134

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Note:	ive date, if other than the da fective date is listed, the date must be If the date inserted in this block tent's effective date on the Depa	does not me	et the applical	o date of filing or m ble statutory filin	(opti fore than 90 days afte g requirements, the	onal) r filing.) Pursuant to 6 is date will not be l	05.0207 isted as
ic recor ord is fil	d specifies a delayed effective d led.	ale, but not as	ı effective tim	nc, at 12:01 a.m.	on the earlier of: (I	o) The 90th day at	ler the
	NOVEMBER 22		2023				
Dated			/	_ ·			
Dated							
Dated		2/4	~				
Dated	Sig	mature of a me	mber or author	ized representative	of a member		