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COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations			
	LA ANTIC	UCHERIA LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The analogui	Ambalan a C	Name and the state of the state	units and the Office		
The enclosed	Articles of	Amendment and fee(s) are sub	muted for tiling.		
Please return a	dl correspo	ndence concerning this matter	to the following:		
		FERNANDEZ-STOLL, JU	an C		
		 -	Name of Person		
		LA ANTICUCHERIA LLO	r		
			Firm/Company		
		5665 NW 99 LN			
			Address		
		CORAL SPRINGS, FL 33	076		
		juancafer69@gmail.com	City State and Zip Code		
		F-mail address: (to be used for future annual report no	dification)	
For further inf	ormation co	oncerning this matter, please ca	all:		
JUAN C. FER	RNANDEZ-	-STOLL	954 8514877		
	Name of	f Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	ling 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 radditional copy is enclosed)	
	ing Addres		Street Address:	action	
	istration S ision of C			Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee		
Tall	ahassee, I	1. 32314	2415 N. Monre	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA ANTICUCHERIA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		, rivitua	
	CORAL SPRING	, Florida <u>3307</u>	' 6
	Emer Flo	rida street address	
New Registered Office Address:	5665 NW 99 LN		
Name of New Registered Agent:	JUAN C. FERNANDEZ-STOLL		
B. If amending the registered agent and/or agent and/or the new registered office addr	·	ecords, <u>enter the name</u>	of the new register
(Mailing address MAY BE A POST OFFICE			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new principal offices address, if apple	cable:		
The new name must be distinguishable and contain the	words "I imited I iability Company," the c	lesignation "I.I.C" or the abbi	reviation "L.L.C."
N/A			·
A. If amending name, enter the new name	of the limited liability company h	ere:	
This amendment is submitted to amend the following	llowing:		
Florida document number 1.21000034205	·		
	Liability Company were filed on $\frac{0}{2}$		and assigned

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	CESAR E. AMES	5665 NW 99 LN CORAL SPRING, FL 33076	ElAdd
			=Remove
			ClChange
			iJAdd
			□Remove
			□Change
			[]Add
		<u> </u>	[]Remove
			[]Change
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			□ Change

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	ated	06/11.2024
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		JUAN C. FERNANDEZ-STOLL

Filing Fee: \$25.00