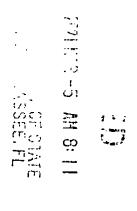
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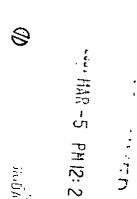
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# COVER LETTER

TO: Registration Section
Division of Corporations

SHR HCT)	LAFAYET	TE FOOD PARTNERS, LLC		
37031.01,		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		DOMINIQUE DELCOUR	т	
		<del></del>	Name of Person	
		LAFAYETTE FOOD PA	RTNERS, LLC	
			Firm/Company	<del></del>
		10309 CYPRESS ISLE C	r	
			Address	
		ORLANDO, FL 32836		
			City/State and Zip Code	
		DOMDELREALTOR@GN	fail.com	
		E-mail address: (	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please c	all:	
OOMINIQU	JE DELCOU	JRT	321 4602033 at()	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
nclosed is a	check for the	ne following amount:		
<b>≅</b> \$25,00 F	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)
Reg Div P.C	iling Addressistration States of Co. Box 632 lahassee, I	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### LAFAYETTE FOOD PARTNERS LLC

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

Γhe Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{02/08}{}$	2021 and assigned
Florida document number L21000067354	· ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here	
be new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		22
		Κ.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	福制・三
3. If amending the registered agent and/or registered igent and/or the new registered office address here:  Name of New Registered Agent:	office address on our reco	rds, <u>enter the name of the new registered</u>
New Registered Office Address:	·	
	Enter Florida	street address
		, Florida
	City	Zip Code
Sew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agreeing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			≅Remove
			□Change
		<del></del>	🗆 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
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tive date, if other than the diffective date is listed, the date must be If the date inserted in this blocknent's effective date on the Dep	e specific and cannot be p ik does not meet the ap	rior to date of filing or plicable statutory fil		filing.) Pursuant to 605.020
rd specifies a delayed effective iled.			i. on the earlier of: (b)	The 90th day after th
March 1st	2021	<del></del> .		
March 1st	Cominique	delcourt		
S	ignature of a member or a	uthorized representati	ve of a member	

D.

Filing Fee: \$25.00