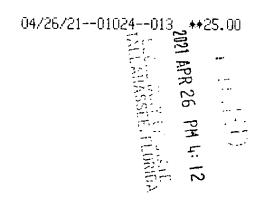
LZ1000159265

(Red	questor's Name)	
(Add	lress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
	PokeNacho		,			
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Ignacio Leon				
		Name of Person				
		PokeNacho LLC				
		Firm/Company				
		4235 Heritage Cir APT106				
		Address				
		Naples, FL 34116				
			City/State and Zip Code			
		liongamingnacho@gmail.co				
		E-mail address: (to be used for future annual re	port notification)		
For further it	iformation c	oncerning this matter, please c	all:			
Ignacio Leor	1		239 220-1			
	Name o	f Person	Area Code	Daytime Telepho	ne Number	
Enclosed is a	check for th	ne following amount:				
≣ \$25,00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Add			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. I	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our red Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000159265</u> .	were filed on 4/14/2021		_ and assigned
This amendment is submitted to amend the following:			202
A. If amending name, enter the new name of the limited liab	ility company here:	T.L. HAS	2021 APR 2
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbre	
Enter new principal offices address, if applicable:			PH -:
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>en</u>	ter the name (of the new regi
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	dress	
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Dala Maska I I C

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>	<u>Address</u>	Type of Action
MGR	Ignacio Leon	4235 Heritage Circle	≘ ∆dd
		APT 106	
		Naples, FL 34116	□Change
			□Remove
			Change
			APR 20 Add
			PHIRemove
			REAL TO Change
			Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			[[Change

Typed or printed name of signee