L21000183192

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE AUG - 5 2022

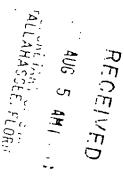




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COVER LETTER

TO:		ration Se on of Cor	ection porations	/≈ .	
SUBJE	CT: ``	[Lechonera	La fevancha, LLC	
		· · ·		nited Liability Company	
The en	closed A	rticles of	Amendment and fee(s) are sul	bmitted for tiling.	
Please	return all	correspo	ondence concerning this matter	r to the following:	
			Hector	C. Rojas	
				Name of Person	
			Lachor	nero La Revancha, LL	\mathcal{L}
				Firm/Company	
			2325	Walnut Canyon Dr	
				Address	
			Kissin	City/State and Zip Code	
				City/State and Zip Code	
				(to be used for future annual report notification)	
				•	
For fur	ther info	rmation c	oncerning this matter, please of	call:	
•	Ang	je i a	Arias	at (407) 860-8505	
		Name o	f Person	Area Code Daytime Telephone Number	_
Enclose	ed is a ch	neck for th	he following amount:		
\$\$2	5.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & py
		g Addres		Street Address:	
	Regie	tration 5	Section	Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FIT ARTICLES OF ORGANIZATION ED OF STATE OF AMIL: 43

Lechonera 1	La Revaillemany of C
(<u>Name of the Limited Liabilit</u> (A Flonda	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L2100018319	ompany were filed on April 8, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	2325 Walnut Canyon Dr Essy Kissimmee, FL 34744
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2325 Walnut Canyon Dr Kissimmee, FL 34744
agent and/or the new registered office address here:	ector C. Rojas
New Registered Office Address: 22	25 Walnut Canyon Dr. Enter Florida street address
<u> </u>	Cive Florida 34744
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent a	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
AMB12	Luis Soto Rosario	3369 Ragusa Loop STCloud FL	<i>34711</i> □Add
			Remove
			□Change
ld.	Pedro Livera	3201 Budinga Ave	
		58. Cloud. 347	Remove
			Change
AMBR	Hector Casicano	2755 Mich. GANAV. KISSE	Madd FL
		34744	Remove
			□Change
MGR	Hector C. Rojas	2325 Walnut Canyon	<u>Pr</u> XAdd
		Kissimmel, FL 3474	□Remove
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□ Changa

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Note:	ve date, if other than the date of filing:
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
)ated	8, 2, 2022
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00