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COVER LETTER

TO:	Registration Se Division of Co			
eun ura	JULITO'S	R LLC		
SUBJEC	UI;	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JULIO ROSALES SANC	HEX	
			Name of Person	
		JULITO'S R LLC		
			Firm/Company	
		734 W 30 ST		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report i	notification)
For furth	ner information o	concerning this matter, please c	all:	
JULIO F	ROSALES SAN	CHEZ	786 366-1994	
	Name (of Person		time Telephone Number
Enclosed	d is a check for t	he following amount:		
≘ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address Registration	
	Division of C	Corporations	Division of C	Corporations
	P.O. Box 632 Tallahassee,			f Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JULITO'S R LLC

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	mpany as it now appears on our records ited Liability Company)	•
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/06/2021	and assigned
Florida document number L21000212647		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	the name of the new regi
Name of New Registered Agent:	- 	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and	agree to act in this capacity. I fur	ther agree to comply wi

Thereby 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	NANCY V. ESPINOSA	734 W 30 ST	■ Add
		HIALEAH, FL 33012	□ Remove
			□Change
			□Add
			□Remove
		- ·	□Change
			□Add
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Please						
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Hialah	<u>, F1.</u>	33012				
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Tective date, if other an effective date is listed, ote: If the date inserted cument's effective date.	the date must be spec ed in this block doe	ific and cannot be pr s not meet the app	licable statutory	g or more than 90 days		
ecord specifies a delagis filed.	yed effective date, b	out not an effective	e time, at 12:01	a.m. on the earlier o	f: (b) The 90th day	after the
ted July	g		2.4			
-//	Signatu	re of a member or at	thorized represen	tative of a member		_
	JULIO					
	-11 11 1A	Z USALE				

Filing Fee: \$25.00