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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

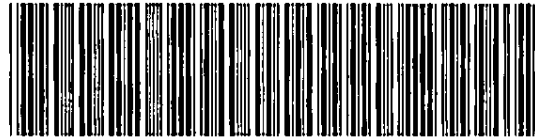
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FILED
2022 JAN -3 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FL 323

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VZLA CHAMOS BURGER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARELYS DAYANA QUIROGA URBAEZ

Name of Person

VZLA CHAMOS BURGER LLC

Firm/Company

8439 MILANO DR

Address

ORLANDO FL 32810

City/State and Zip Code

CUSTOMER.SERVICE@FLINSURANCE-TAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO ESPINOZA

at (407) 840-8228

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JAN -3 AM 11:41

VZLA CHAMOS BURGER LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/13/2021 and assigned
Florida document number L21000222603.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8439 MILANO DR

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32810

Enter new mailing address, if applicable:

8439 MILANO DR

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32810

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JULIO ESPINOZA

New Registered Office Address:

8439 MILANO DR

Enter Florida street address

ORLANDO

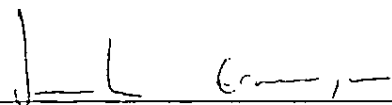
City

Florida 32810

Zip Code

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

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> | <u>Type of Action</u> |
|--------------|--------------------------|------------------|--------------------------------------------|
| AMBR | KARELYS D. QUIROGA URBAE | 8439 MILANO DR | <input checked="" type="checkbox"/> Add |
| | | ORLANDO FL 32810 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JULIO ESPINOZA | 8439 MILANO DR | <input type="checkbox"/> Add |
| | | ORLANDO FL 32810 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 21, 2021

Typed or printed name of signee