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2021 JUN 30 PH 1: 12

SECRETARY OF STATE
TALLAHASSEE, FATE

HS1/21

TO: Registration Se Division of Co			
SUBJECT:	La Pasadita Me	xican, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	M	ayra A Ibarra Ni	2021 JUN 30 PH 1:12 SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FL
		Firm/Company	
	F-25	Community Divide	ASS. ASS.
	ره ر	Commens Drive	EF. T
		0	ATE 12
	- Palm	Beach Gordens F City/State and Zip Code	L 33418
,		QYCGIbarra62@c	
-	E-mail address: (to be used for future annual report not	heation)
For further information of	concerning this matter, please c	all:	
Mayra A	Ibarra Nunez	at (<u>571</u>) <u>359 - 7</u> Area Code Daytim	1792
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	tion
Division of C	Corporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	ΓL 34314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Pasadita Mexican, LL	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
he Articles of Organization for this Limited Liability Company were filed on 04	O) 2021 and assigned
lorida document number <u>L 21000253487</u> .	,
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
La Pasadita Mexicana, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
nter new mailing address, if applicable:	JUN 30 PH I
Mailing address MAY BE A POST OFFICE BOX)	FATE
. If amending the registered agent and/or registered office address on our records gent and/or the new registered office address here:	, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address: Enter Florida stree	t address
City	, Florida
ew Registered Agent's Signature, if changing Registered Agent:	ing com

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 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

MOIN -	wianagei	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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