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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

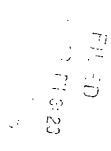


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COVER LETTER

| | Registration Se Division of Cor | | i | | • |
|-----------------|------------------------------------|--|---|------------------------|--|
| SUBJEC | REY PINC | HO LLC | | , | |
| SUBJEC | -1; <u> </u> | Name of Lim | ited Liability Company | | _ |
| The encle | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | REINALDO DE JESUS | | | |
| | | | Name of Person | | |
| | | REY PINCHO LLC | | | |
| | | | Firm/Company | | |
| | | 1621 US HWY 17 92 N | | | |
| | | | Address | | |
| | | DAVENPORT, FL 33837 | | | |
| | | | City/State and Zip Code | | |
| | | REYPINCHOYPOLLO@C | GMAIL.COM to be used for future annual re | eport notification) | |
| For furth | ner information c | oncerning this matter, please co | | , | |
| REINA | LDO DE JESUS | | 407 346- at () | -1890 | |
| | Name o | f Person | Area Code | Daytime Telephone Nur | nber |
| Enclosed | d is a check for th | ne following amount: | | | |
| □ \$2 5. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certi | 0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed) |
| | Mailing Addres Registration S | - | <u>Street Ad</u> Registra | dress: tion Section | |
| | Division of C | | —————————————————————————————————————— | of Corporations | |

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 ARTICLES OF ORGANIZATION OF

| REY PINCHO LLC | | |
|---|--|------------------------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | mpany were filed on 06/07/2021 | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | SS) | |
| | | |
| | | ~ / |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | · 1 |
| | | |
| | | |
| B. If amending the registered agent and/or registered of | office address on our records, <u>enter th</u> | |
| agent and/or the new registered office address here: | | (N) |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | da |
| | City | 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> | Name | Address | Type of Action |
|--------------|-------------------|---|----------------|
| AMBR | REINALDO DE JESUS | 1605 US HWY 17 92 N DAVENPORT, FL 33837 | = Add |
| | | | □ Remove |
| | | | □Change |
| MGR | MARIA BENITEZ | 1605 US HWY 17 92 N DAVENPORT, FL 33837 | □Add |
| | | | ■Remove |
| | | | □Change |
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| ctive date, if other than the | date of filing: | or more than 90 days after filing.) Pursuant to 605.020 |
| e: If the date inserted in this b | lock does not meet the applicable statutory f | filing requirements, this date will not be listed as |
| iment's effective date on the D | epartment of State's records. |) |
| | | |
| ord specifies a delayed effective filed. | /e date, but not an effective time, at 12:01 a. | .m. on the earlier of: (b) The 90th day after the |
| | | |
| JUNE 14 ed | 2021 | |
| | | <i>i</i> . J |
| | | ` |
| | Signature of a member or authorized represents | ative of a member |