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## **COVER LETTER**

TO: Registration S Division of Co		,	
CUBAPA	ELLA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YOSVANY DIAZ MART	TINEZ	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	CUBAPAELLA, LLC		
		Firm/Company	
	2005 SE 3rd DR		
		Address	
	HOMESTEAD, FL 33033		
	cubapaella@gmail.com	City/State and Zip Code	
		to be used for future annual report notific	eation)
For further information	concerning this matter, please c	all:	
YOSVANY DIAZ MA	RTINEZ	305 613 9621 at ( )	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 1	orations Hahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUBAPAELLA, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Compa	any were filed on JUNE 10, 2021	and assigned
Florida document number 1.21000270048		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.1C."
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 officagent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	da

## 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 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
MGR	Maydelis Marrero Espinosa	2005 SE 3rd DR HOMESTEAD, FL 33033	
			<b>≅</b> Remove
			□Change
MGR	Yosvany Diaz Martinez	2005 SE 3rd DR HOMESTEAD, FL 33033	<b>=</b> Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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ective date, if other than the da	te of filing:		(ор	ntional)	
reffective date is listed, the date must be	specific and cannot be:		or more than 90 days at	ler filing.) Pursuant to 60:	
te: If the date inserted in this block cument's effective date on the Depa			iling requirements, t	his date will not be list	ted as
cord specifies a delayed effective d	ate, but not an effecti	ve time, at 12:01 a.	m. on the earlier of:	(b) The 90th day after	er the
is filed.					
SEPTEMBER 8	2021				
ted	·	·			
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	The state of the s	·)			
	gnature of a member or	authorized representa	itive of a member	<u></u>	

Filing Fee: \$25.00