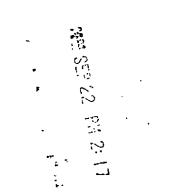


(Řeq	uestor's Name)	
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Special Instructions to F	iling Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
	FOOD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HORACIO GOMEZ BER	ЕТ	
		Name of Person	
	<u> </u>	Firm/Company	
	7160 102nd Ln		
		Address	
	SEMINOLE, FL 33772		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	gomez@nagutorconsulting.		, , , , , , , , , , , , , , , , , , ,
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	itication)
Horacio Gomez Beret		215 771-8066	
Name o	f Person	Area Code Daytin	ne 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)
Mailing Addres		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on July 1, 2021	and assigned
Florida document number L21000303238		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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:		. 22
(Principal office address MUST BE A STREET ADDRESS)		P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	duese on our resource enter the no	me of the new region
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	aress on our records, enter the na	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cin	Zin Code

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

DANGED POOD LLC

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	GABRIEL E FERREIRA	6424 CARIBOU AVE	
		NORTH PORT	■Remove
		FL, 34287	☐ Change
MGR	MGR GABRIEL E FERREYRA	6424 CARIBOU AVE.	■Add
		NORTH PORT	
		FL, 34287	\(\sum_{\text{Change}}\)
			□Remove
			□Change
			🗀 Add
			□Remove
			🗆 Change
			□ Add
			□Remove
			Change
			□Add
		 	□Remove
			□Change

			 					
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Tective date, if oth an effective date is liste ote: If the date inser	d, the date must be	specific and c	annot be prio	r to date of fili	ng or more the	(option 90 days after	onal) filing.) Pursus date will no	ant to 605.020
ocument's effective of					ry ming req	memens, un	date will in	or be nated a
record specifies a del	aved effective da	te but net a	n effective t	ime at 12:0	lam on the	e earlier of: (h) The 90th	day after the
is filed.				, 41 72.0			,	day arror tri
		- 1						
September 20th	· /		2021					
	/111	WA	16					
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