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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: E/	wuateque	FOOT Fruck	LLC
	/Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Richard F	Rosario	
		Name of Person	
		Firm/Company	···
	240 HOI	MES Blud	NW
	tortwalter	V Beach AC CityState and Zip Code Vaja180 6mo to be Jed for future annual report noti	,32548
	Carilona	City/State and Zip Code	all cam
	E-mail address: (to be wed for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Did al 1	200-10	701 1///	2 0107
A COURT P	(PSQ//U t Person	at (<u>706</u>) 44 Area Code Daytim	E Telephone Number
Name o	r r cisou	Adda Code Dayum	e (etephone Namoe)
Enclosed is a check for the	ne 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	<u>ss:</u>	Street Address:	
Registration 5	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El wuateque -			LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appo Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{21000310579}{}$	were filed on _	07/07/20	32/ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liable and contain the words" "Limited Liable and contain the words "Limited Liable and contain the words" "Liable and contain the words" "Liabl	2 Fra	eck LL	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	240	HOIMES	Bluc/ NW each PL 3254
(Principal office address MUST BE A STREET ADDRESS)	fort u	1alton 13	each FL 3254
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	<u>-</u> .		<u> </u>
New Registered Office Address:	Enter t	lorida street address	
	City	Florida	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
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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n eff <u>)te:</u>	ve date, if other than the date of filing: 07/12/302/ (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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ted	Bioland Bosania Singular of a member of authorized representative of a member
	BICKERT MOSIFIO
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00