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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
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Special Instructions to	Filing Officer:	
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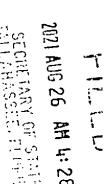
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ALTO INCHE	ANAS TOO, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LENIA LOPEZ		
		Name of Person	 _
	OUR BANANAS TOO		
		Firm/Company	
	P.O. BOX 501224		
		Address	
	MARATHON, FL 33050		
		City/State and Zip Code	
	ourbananas42@gmail.com		
	E-mail address: (to be used for future annual report not	tilication)
For further information of	concerning this matter, please c	all:	
LENIA LOPEZ		305 289-1465	
Name o	of Person	at () Area Code Dayur	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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 Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

FILED

OUR BANANAS TOO, LLC

2021 AUG 26 AM 4: 28

ere filed on 07/29/2021 ty company here: Company," the designation "LEC" of 5171 OVERSEAS HIGHWAY U	
Company," the designation "LEC" of	n the abbreviation "L.L.C."
Company," the designation "LEC" of	n the abbreviation "L.L.C."
Company," the designation "LEC" of	n the abbreviation "L.L.C."
	n the abbreviation "L.L.C."
5171 OVERSEAS HIGHWAY U	
	INIT 501224
MARATHON, FL 33050	
dress on our records, enter th	e name of the new registered
Enter Florida street address	
	ida Zip Code
CIIV	zip Coae
erformance of my dutics, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
	MARATHON, FL 33050 dress on our records, enter the Enter Florida street address, Flore City to act in this capacity. I further formance of my duties, and ovided for in Chapter 605, F. ddress, I hereby confirm that

If Changing Registered Agent. Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAYLIN LOPEZ	5171 OVERSEAS HIGHWAY UNIT 501224	□Add
		MARATHON, FL 33050	■Remove
		<u> </u>	□Change
MGR	MADELYN LOPEZ	5171 OVERSEAS HIGHWAY UNIT 501224	🗆 Add
		MARATHON, FL 33050	Remove
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Effecti	ve date, if other than the date of filing:
(If an eff	ve date, if other than the date of filing:
Note	ent's effective date on the Department of State's records.
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Filing Fee: \$25.00