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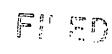
2022 JAN -3 AH 10: 24

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: <u>La Nueva Ola Food Compa</u> Name of Limited Liability Company	ing LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lorraine Burgos Name of Person	
La Nueva Ola Foo	od Company UC
2172 Deer Run Trail	
Jacksonville FL 32	
Lanueva ola food Company (a E-mail address: (to be used for future ammus	gmail. Com Teport notification)
For further information concerning this matter, please call:	
Lorraine Burgos at (305) Name of Person  Area Code	587-9887 Daytime Telephone Number
Enclosed is a check for the following amount:	
S\$ \$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certified Copy (additional copy is en	Certificate of Status &
Mailing Address: Street A Registration Section Regist	<u>ddress:</u> ration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FI SO



/		2022 JAN -3 7	M 10: 24
LA NUEVA DIA 1 ( <u>Name of the Limited</u> (A	Florida Limited Liability Company)	s on our records;)	7.37.72
The Articles of Organization for this Limited Liab Florida document number <u></u> レス10003 <u>67</u> 03	oility Company were filed on		· 1
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	-	ere:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the d	esignation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our r <u>here</u> :	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	<del></del>		<del> </del>
New Registered Office Address:	Enter Flor	rida street address	
		Florida	Zip Code
	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 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	Wilfredo Burgos	2172 Deer Run Trail	XIAdd
	· ·	Jacksonville, FL	□Remove
		32246	Change
MGR_	Awilda Burgos Cartagena	2547 Eastill Dr	<b>%</b> Add
	J	Jacksonville, FL	□Remove
		32211	□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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an ef lote:	ive date, if other than the date of filing:
l is fī	
ated	12/28 . 2021 .  Signature of a member or authorized representative of a member
	L. Burs
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00