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Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	DUNIA CUADOR		
		Name of Person	·
	FRITANGA EL COMAL,	LLC.	
		Firm/Company	
	395 EAST IST AVE		
		Address	
	MIAMI, FL 33135		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	duniacuador@yahoo.com		
	E-mail address: (t	o be used for future annual report noti	ification)
For further information c	oncerning this matter, please ca	dl:	
DUNIA CUADOR		786 328-7848	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 S		Registration Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 632	. 1		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRITANGA EL COMAL, LLC.		
(Name of the Limited Line (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 08/18/2021	and assigned
Florida document number L21000370227	.	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
DUNIA'S RESTAURANT BAKERY LLC		2023
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.T.C"
Enter new principal offices address, if applicable:	∑: 	
Principal office address MUST BE A STREET ADI	DRESS)	
		ين بي
	ئن م	ATE 58
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	1 65 11	
B. If amending the registered agent and/or registed agent and/or the new registered office address here		ne of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
_	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 sylded or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
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			☐ Change

				
				
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Effective date, if other than t	he date of filing:)23	(optional)	
If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	block does not meet the app	elicable statutory filing r	than 90 days after filing.) Pursua requirements, this date will no	ant to 605.0207 of be listed as
e record specifies a delayed effected is filed.	ctive date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
	2002			
Dated	, 2023	·		•
Dated JANUARY 10th	3. Cerador Signature of a member or a	<u></u> -		·

E 635.00