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COVER LETTER

TO: Registration Solution of Col					
NEW HOR	rizons A .r ll.c				
30bate1	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANDRES HURTADO				
	·	Name of Person			
	PRODEZK INC				
		Firm/Company			
	848 BRICKELL AVE STI	E 950			
		Address			
	MIAMI, FLORIDA 33131		<u>2</u> 4		
		City/State and Zip Code			
	INFO@PRODEZK.COM				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
ANDRES HURTADO		+1 7869779421 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	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		Street Address:	ction		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	.7	The Centre of T	•		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW HORIZONS A.R LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/31/2021}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OOOHLALA GOURMET LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ord specifies a dela	aved effective date. b	ut not an effective	time, at 12:01 a.r	n. on the earlier of	(b) The 90i	h dav after t

lignature of a member or authorized representative of a member