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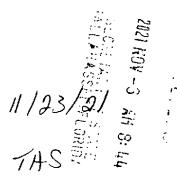
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

TO: Registration S Division of Co			*
	ES & FOOD LLC	·	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PENAGOS, CRISTIAN A		
		Name of Person	
	CITY FRIES & FOOD LE	.C	
		Firm/Company	
	8290 LAKE DR APT 331		
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	.
	IDENTERTAINMENT.MI	=	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	Rification)
CRISTIAN A PENAGO	os	786 5035504	
Name	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
	Corporations	Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY FRIES & FOOD LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L21000431863	Liability Company	were filed on 10/01/2	021	and assigned
This amendment is submitted to amend the fol	łowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	56 ± 11 17	
(Principal office address MUST BE A STRE)	<u>ET ADDRESS)</u>			ZEZ FELO
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
				5. 5
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our recor	ds, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida s	treet address	
		Cim	, Florida	Zip Code
		City		rip Coav

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	DONALDE, JUAN C	5620 NW 114 PATH APT 107	□Add
		DORAL, FL 33178	■Remove
			□ Change
MGR	JULIANA LONDONO MEJIA	8290 LAKE DR APT 331	Add
		DORAL FL 33166	□Remove
			☐ Change
			Remove
			——————————————————————————————————————
			☐Add
			□Remove
			Change
			□Add
			Remove
			□Change

10/26	N/A 		
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