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T. MATTHEWS MAY 19 2022

COVER LETTER

Division of Corporation	ns		
SUBJECT: 6 A	A FOOD S	Services LLC	
		ted Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are subr	nitted for filing.	
Please return all correspondence	concerning this matter t	to the following:	
	German	NA. Gunzale	<u> </u>
		Firm/Company	
9	030 SW 1	69th Path Address	
		Address	
	Miami	Florida 33186 City/State and Zip Code man 8 Yahoo. a o be used for future annual report notif	
	chalea	City/State and Zip Code	_
	E-mail address: (b	o be used for future annual report notif	M ication)
For further information concerning			
GERMAN A. Name of Person	<u>Gonzales</u>	at (<u>95 4)</u> <u>5 92 -</u> Area Code Daytime	- 8533 Telephone Number
Enclosed is a check for the follow	ving amount:		
	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 Address: Registration Section	1	Street Address: Registration Sec	etion
Division of Corpora		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

GAA FO	OD Ser	vices. Lls	2 	Z APR 15 AM 9: 42
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Lie Florida document number $_L2100052$		were filed on 1	2-13-21	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the we	nds "Limited Liabil	ity Company," the des	ignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9030	SW 169	th Path 12 33196
(Principal office address MUST BE A STREE)	<u>(ADDRESS)</u>	Mian	i Floric	La 33196
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	9030 Mianu	SW 16 i Floride	9+4 Poth 2 33196
B. If amending the registered agent and/or re agent and/or the new registered office addres	4.	nddress on our rec	cords, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	INTERNA	stional Moi	eketing 1g	ency troc
New Registered Office Address:	18004	NW 60	la street address	
	Mia			33015 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Paredes Arbaiza Alex	Pembroke lives, FL33024	□Add
		Pembroke lives, FL33024	
			□Change
\			□Add
			□Remove
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tive date, i	f other than the da s listed, the date must be	ite of filing:			(optional)	
fective date i	s listed, the date must be	specific and can	mot be prior to	date of filing or m	ore than 90 days	after filing.) Pur	suant to 605.
	inserted in this block tive date on the Depa			e statutory min	g requirement	i, mis date whi	not be uste
rd specifies	a delayed effective d	ate, but not an	effective time	e, at 12;01 a.m.	on the earlier o	of: (b) The 90	th day after
iled.	•					, ,	
O	3-30		2022	·			
_		2aizal	4 -	red representative			
	Siy	nature of a men	ber or authoriz	ed representative	of a member		
	_ /	/	<i>'</i>	MAN A			

Filing Fee: \$25.00