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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	meraldas	LLC	
	Name of Limi	ited Liability Company	
The ancheed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter	_	
riease return an correspo	indence concerning this matter	to the tonowing.	
	ESMerci	Name of Person	
		(value of Felixa)	
		Firm/Company	
	_ 1511 Char	Mes Aug	
	Plant Ci	tv. FL 33	3563
	E-mail address: (City/State and Zip Code On the Used for future annual report	(notlication)
For further information c	concerning this matter, please ca	•	·
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	-	Figer oo Piling Co., 9	(1) \$40.00 Elling Pag
又 \$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)
\$#.JP .		Ca	
Mailing Address Registration		<u>Street Addres</u> Registratior	
Division of C	Corporations	Division of	Corporations
D O Day (22	17	The Contro	of Tollohorago

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Esmeraldas (LLC	FILED
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our d Liability Company)	11
The Articles of Organization for this Limited Liability Compar Florida document number <u>12100525275</u> .		$4 + \frac{1207}{1207} $ and assigned $\frac{1307}{1207} $
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia ESMERIA CUISINE The new name must be distinguishable and contain the words "Limited Lia"	UC	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1511 Cha Plant FL 335	irles Ave City,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
 	City	, Florida 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 to 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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(If an eff	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 7 . 2024.
	Signature of a member or authorized representative of a member