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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

	ICCHU PERUVIAN RESTAU	RANT & LOUNGE, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicolas Apfelbaum		
		Name of Person	2822 
	Apfelbaum Law		2022 JUL 2 1555 F
		Firm/Company	
	451 SW Bethany Dr., Suit	e 202	
		Address	
	Port St. Lucie, FL 34986		
	-	City/State and Zip Code	
	contactus@alawfl.com		
		to be used for future annual report notification	)
For further information	concerning this matter, please c	a <b>ll</b> :	
Nicolas Apfelbaum		772 236-4009 at ( )	
Name (	of Person	Area Code Daytime Telepi	hone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MACHUPICCHU PERUVIAN RESTAURANT & LOUNGE. 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 $\frac{12/22/2021}{}$ \_\_\_ and assigned Florida document number \_\_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation; "LLC." 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

, Florida

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
AMBR	Oswaldo R. Ramirez	5375 NW East Torino Parkway	□Add
		Port St. Lucie, FL 34986	■Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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