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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SCHREEDER, WHEELER AND FLINT, LLP

Account Number : I20100000036 : (404)681-3450 : (494)681-1946 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMOR DE SALSA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER

TO: Registration So Division of Cor			
AMOR DE	SALSA, LLC		
SUBJECT:	Name of Line	ited Liability Company	
from the second of the second	Amendment and fee(s) are sub		
	ondence concerning this matter		
	ORVEST LAW		
		Name of Person	
		Firm/Compuny	
	2910 RUBIDEAUX STRE	<u> </u>	
	TAMPA, FLORIDA 3362	Address	
	ORVEST@YAHOO.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	ification)
	concerning this matter, please o		
ORVEST LAW	of Parson	863 272-0764 at (ne Telephone Number
, tame t	77 1 3(3(7))		
Enclosed is a check for t	he following amount:		
≣ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encloses)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monto	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMOR DE SALSA, LLC (Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	sur records.)
The Articles of Organization for this Limited Liability Company were filed on MARCF Florida document number L22000124128	H 11, 2022 and assigned
This amondment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
AMOR POR LA SALSA, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compuny," the designo	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u></u>
	PH D
Enter new mailing address, if applicable:	~: ;;
(Mailing address MAX BE A POST OFFICE BOX)	<u></u> CS
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florido str	reet address
	, Florida
Ciņ	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 agene 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 abligations 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 Degistered Agent. Signature of New Hagistored 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
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
			☐ Remove
			□Change
			Dadd
			LiRemove
			\ \ \
			🖸 Remove
			☐ Clause

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary)
	
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Note:	ve date, if other than the date of filing;
the record cord is fil	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 ed.
Dated_	MAY 19 2022
	Signature of a member of authorized representative of a member
	ORVEST LAW, MANAGER
	Typed or printed name of signee

Filing Fee: \$25.00