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SECRETARY OF STATE

COVER LETTER

More Food Miami LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Solly M Herrera Taylor Name of Person Firm/Company 11261 NW 7St. Apt. 3 Address Miami, Florida 33172 City/State and Zip Code morefoodmiamillc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Solly M Herrera Taylor 553 - 3726 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address; Street Address: Registration Section Registration Section

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

TO:

Registration Section
Division of Corporations

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

More Food Miami LLC

2022 MAY 19 PM 2: 4

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(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears iability Company)	<u>on our recor</u>	<u>(19.</u>)	UneTA RY OF STATE ALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on	March 15	2022	and assigned
Florida document numberL22000129036				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC	or the abi	previation "L.L.C."
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)			<u>-</u>	
				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter</u>	the name	e of the new registered
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florid	da street addre.	s <i>s</i>	
		, Fi	orida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl	ny duties, a hapter 605,	nd I am fe F.S. Or,	amiliar with and if this document is

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
AMBR	Paola A Ortiz Marcano	11261 NW 7St Apartamento No. 3 Miami FL 33172	= Add
			□ Remove
			Change
			🗆 Add
			□Remove
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Effective date, if other than the date of filing:				 			···			
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Filing Fee: \$25.00