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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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8/4/2022

COVER LETTER

	gistration Se vision of Cor						
EUD IECT		Empanada LLC					
SUBJECT		Name of Limited Liability Company					
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Stephanic Goebel					
			Name of Person				
		ZenBusiness Inc.					
Firm/Company							
		5511 Parkerest Drive, Ste.	103				
			Address				
	Austin, TX 78731						
			City/State and Zip Code				
		fulfillment@zenbusiness.co					
		E-mail address: ()	to be used for future annual report notifi	ication)			
For further	information co	oncerning this matter, please co	all:				
Stephanie Goebel c/o ZenBusiness Inc.			at () 493-6249 Area Code Daytime				
	Name of	î Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$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:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 31 AH 11:52 Dona Juana Empanada 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 $\frac{03/25/2022}{1}$ and assigned Florida document number 1.22000146137 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Juana Empanada LLC 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.

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 adde or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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			Change

_□ Add

□ Remove

		
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ote: If the date inserted in the	the date of filing: e must be specific and cannot be prior to chis block does not meet the applicable he Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (le statutory filing requirements, this date will not be listed as t
e record specifies a del The 90th day after the		an effective time, at 12:01 a.m. on the earlier of:
ated	. 2022	
/s/ Elisa Maria Ga		
	Signature of a member or authorize	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00