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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | dress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | J. HORNI | |
| | AUG 19 20 |)22 |
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Office Use Only



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FILED 2022 JUN-7 AMII: 31 SECRETARY OF STA

COVER LETTER

| | gistration Se ision of Cor | | | |
|----------------|--|------------------------------------|--|--|
| SHRIFCT. | The Lion's | Den LLC | · | |
| SOBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | Juan F. Hernandez | | |
| | | | Address City/State and Zip Code O163@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: 2786 278-5150 Area Code Daytime Telephone Number Owing amount: | |
| | Division of Corporations The Lion's Den LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Juan E. Hernandez | | | |
| | | | Firm/Company | |
| | | 18630 Nw 45th Ave. | | e Telephone Number \$60.00 Filing Fee, Certificate of Status Certified Copy |
| | | | Address | |
| | | Miami Gardens, FL 33055 | | |
| | | | City/State and Zip Code | |
| | | • | | |
| For further in | nformation c | | • | neation) |
| Juan E Herna | andez | Juan E Hernandez Name of Person | | |
| | Name o | f Person | | e Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| □ \$25.00 F | filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | |

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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2022 JUN -7 AM 11:31

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Lion's Den LLC

SECRETARY OF SIAM TALLAHASSEE, FLOOR

(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 C | Company were filed on April 21, 2022 | and assigned |
|---|---|-------------------------------|
| Florida document number L22000190575 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered | d office address on our records, enter t | he 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 | |
| ********** | | rida Zip Code |
| | City | 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---|----------------|
| AMBR | Juan E Hernandez | 18630 Nw 45th Ave. | = Add |
| | | Miami Garden, FL 33055 | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
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| | | Manager 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | □Change |
| | | | □Add |
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| Employer Identification N | lumber: 88-2498945 | | | |
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| effective date is listed, the date temperature in this | he date of filing: must be specific and cannot be pri block does not meet the app Department of State's recon | ior to date of filing or more t licable statutory filing rec | (optional) han 90 days after filing.) Pursuant to quirements, this date will not be | o 605.01 e listed |
| ord specifies a delayed effectiled. | tive date, but not an effective | time, at 12:01 a.m. on th | he earlier of: (b) The 90th day | after th |
| ed <u>May 29</u> | , 2022 | <u> </u> | | |
| Juan | Humale Signature of a member or au | What out more entains of a | number | |
| | PARTICULAR OF AN AN ANTANAN AND AND AND AND AND AND AND AND AND | | | |
| | Signature of a member of at | anonzed representative or a | member | |