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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| eun iret.             | Bianco Tas              | te International, LLC                           |   |  |  |
|-----------------------|-------------------------|---|---|--|--|
| SUBJECT:              |                         | Name of Lin                                     | ited Liability Company  | <del></del>  |  |
| The enclosed          | Articles of             | Amendment and fee(s) are sub                    | omitted for filing.   |  |  |
| Please return         | all correspo            | ondence concerning this matter                  | to the following:   |  |  |
|                       |                         | Ana Fessia                                      |   |  |  |
|                       |                         |   | Name of Person  |  |  |
|                       |                         | Bianco Taste International                      | . LLC   |  |  |
|                       |                         |   | Firm/Company  | <del></del>  |  |
|                       |                         | 18800 NE 29th Ave Suite                         | 201   |  |  |
|                       |                         |   | Address   |  |  |
|                       |                         | Aventura, Florida 33180                         |   |  |  |
|                       |                         |   | City/State and Zip Code   |  |  |
|                       |                         | ana.fessia07@gmail.com                          |   |  |  |
|                       |                         | E-mail address: (                               | to be used for future annual report not                             | itication)   |  |
| For further in        | formation <b>c</b>      | oncerning this matter, please c                 | all:  |  |  |
| Ana Fessia            |                         |   | 786 413-6924  |  |  |
|                       | Name o                  | f Person  | at ()<br>Area Code Daytin   | ne Telephone Number  |  |
| Enclosed is a         | check for th            | ne following amount:                            |   |  |  |
| ■ \$25.00 Fi          | iling Fee               | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Reg                   | ing Addres              | Section   | Street Address: Registration Se                                     |  |  |
|                       | ision of C<br>. Box 632 | orporations<br>7                                | Division of Col<br>The Centre of T                                  |  |  |
| Tallahassee, FL 32314 |                         |   | 2415 N. Monroe Street, Suite 810                                    |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bianco Taste Internacional, 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  $\frac{05/10/2022}{1}$ \_\_\_\_\_ and assigned Florida document number L220(0)220307 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 "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) 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 \_, Florida \_

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                                   | Type of Action |
|--------------|------------------|---|----------------|
| MGR          | ROJAS, ALYANDRIS |   | _ 🗆 Add        |
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| ffective date if other than th                                    | be date of filing: (ontional)   |
| an effective date is listed, the date m                           | the date of filing: (optional)  must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 |
| ote: If the date inserted in this ocument's effective date on the | block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.                |
|   |   |
|   | tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| is filed.   |   |
| ated May 29th.  | 2024  |
| ated  | ·   |
|   |   |

Typed or printed name of signee