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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAMACHO & ASSOCIATES LLC

Account Number : I20220000154 Phone : (323)453-5446 Fax Number : (407)350-5660

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

Email	Address:	



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORK CHICKEN LOVERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TO:

COVER LETTER

TO: Registration Solivision of Con			
PORK CH	ICKEN LOVERS LLC		
SOBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	MARIA D. ANDRADE L	OZANO	
		Name of Person	
	PORK CHICKEN LOVE	RS LLC	
		Firm/Company	
	9841 AUREA MOSS LN.		
		Address	
	ORLANDO, FL 32832		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
MARIA D. ANDRADE	LOZANO	407 789-6071	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Mailing address MAY BE A POST OFFICE BOX)	
Florida document number L22000226089 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. 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)	
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(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new	
agent and/or the new registered office address here:	- registeret
$\hat{\cdot}$	
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.

City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ANDRADE LOZANO, NANCY C	12971 AVALON LAKE DR. APT 104	
		ORLANDO, FL 32828	≡ Remove
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ocument's effi	ective date on the	Department	of State's re	cords.				
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record specini Lis filed:	es a delayed effec	tive date, but	not an effec	live time, at	12:01 a.m. o	the earlier of	of: (b) The 9	0th day after the
ated	JULY	27	2023					
		<u> </u>						
	Was D.	Low	タウダイ	622	NO.			

Filing Fee: \$25.00

Typed or printed name of signee