## L22 000 236 849

	(Requestor's Name)			
	(Address)			
	(Address)			
-	(City/State/Zip/Phone #)			
_				
ì	PICK-UP WAIT MAIL			
7	(Business Entity Name)			
	(Document Number)			
	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			
	Special instructions to Filling Officer.			

Office Use Only



000395309100

10/11/22--01011--009 \*\*25.00

2022 OCT 11 AM 8: 17 SECRETARY OF STATI

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lin	nited Liability Company	<del> </del>	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KEVIN MAYEUX			
		Name of Person		
		Firm/Company		
	636 MARIPOSA STREE	Γ		
		Address		
ORLANDO, FL 32801				
		City/State and Zip Code	·	
	BULLITT.ORLANDO@G		<del></del>	
or further information c	r-mail address: (concerning this matter, please c	to be used for future annual report noti all:	neation)	
KEVIN MAYEUX		703 770-8101 at ( )		
Name o	of Person		e Telephone Number	
Enclosed is a check for the	he 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:	otion	
Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAPI'S SMASH BURGERS, LLC			
(Name of the Lin	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L22000236849	Liability Company were filed on 5/20	2022 and assigned	
This amendment is submitted to amend the fo			
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 desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	<del></del>		_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
		202 SE	
		2022 OCT SECRE	
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new regis	-
agent and/or the new registered office addr	<u>ess here</u> :	HASSET	1
		SE A	
Name of New Registered Agent:	KEVIN MAYEUX	E c c	<u>し</u> _
New Registered Office Address:	636 MARIPOSA STREET	ATE ATE	_
	Enter Florida	street address	
	ORLANDO	, Florida <sup>32801</sup>	_
	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	KALMS CONCEPTS, LLC	43 E PINE STREET	
		ORLANDO, FL 32801	□Remove
			□ Change
AMBR	PAPI'S FOOD GROUP, LLC	8201 VIA BELLA NOTTE	<b>=</b> Add
		ORLANDO, FL 32836	□ Remove
			□Change
MGR	CHRISTOPHER M HERNANDEZ	8201 VIA BELLA NOTTE	
		ORLANDO, FL 32836	□Remove
			Change
MGRM	ANTHONY M HERNANDEZ	8201 VIA BELLA NOTTE	
		ORLANDO, FL 32836	
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-						<del></del>
-		<u></u>				
	<del></del>				<u></u>	<del>_</del>
_						
						<del></del>
				<u> </u>		
	<del>.</del>	<u> </u>				<del></del>
<del></del>				<del></del>	<del></del>	<del></del>
				<u></u>		
		<del>-</del>				· · · · · · · · · · · · · · · · · · ·
	<del>_</del>		<u> </u>			
				<del></del> -		
		<del>_</del>				<del></del>
	<u> </u>					
Maatius	data :Cathanth		c:		, .•	•
an effecti	date, if other the	date must be specif	fiting: fic and cannot be pri-	or to date of filing or r	(option nore than 90 days after fi	( <b>a1)</b> (ing.) Pursuant to 605,0207
<u>ote:</u> If t	the date inserted ir	this block does	not meet the appl	icable statutory filir	ng requirements, this c	late will not be listed as
ocument	's effective date o	n the Departmen	t of State's record	S.		
record sp is filed.	pecifies a delayed	effective date, bu	it not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
oc ated_	CTOBER 4		2022			
cu			·	· · ·		
(						
	<del></del> _		of a member of sut	horized representative	of a member	

Typed or printed name of signce