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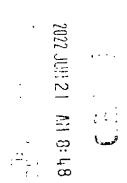
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Chity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Division of C							
CUDINGE	La Cocina	Del Sabor LLC	•				
SUBJECT:	SUBJECT: Name of Limited Liability Company'						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
		Name of Person					
	BizzyNinja Inc						
	Firm/Company						
	1312 17th St Unit #2207						
		Address					
		Denver, CO 80202					
		City/State and Zip Code					
	P. and all and	paganv160@gmail.com to be used for future annual report notif	·····				
For further information	r-man address. (·	ncation)				
	-	800 610-7322					
Victor M. Montes/Biz. Filer Name of Person		at ()	e Telephone Number				
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810				

OccuSign Envelope ID: DFAF875F-2948-4EA0-88E4-E52B3A8E2383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA COCINA DEL SABOR LLC		2022 JUN 21	AH 8:48
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	· ·	.1
The Articles of Organization for this Limited Liability Company were filed on Florida document number	06/07/2022	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company !	nere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	designation "LLC" o	r the abbreviation `	LLC."
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 agent and/or the new registered office address here:	records, <u>enter th</u>	e name of the n	<u>ew registere</u>
Name of New Registered Agent:			
New Registered Office Address: Enter Fl	orida strvet 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

DocuSign Envelope ID: DFAF875F-2948-4EA0-88E4-E52B3A8E2383 to amenoing Authorized revisings) 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	JEANMARY PALMER	667 BASINGSTOKE COURT	
		KISSIMMEE, FL 34758	
			□Change
		-	□Add
			□Rелюче
			□Change
			□ Add
			Change
		_	
			□Rенюче
			☐ Change
			□ Add
			□Rенюус
			□ Change
			□Remove
			Change

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