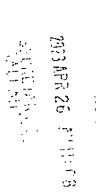
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	IILY CATERING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE DIAZ		
	_	Name of Person	
	- 1111-1111	Firm ² Company	
	370 W HIGHLAND ST		2023 AFR 2b
		Address	
	ALTAMONTE SPRINGS	, FL 32714	
		City/State and Zip Code	
	JDIAZ1661@GMAIL.COM	A to be used for future annual report not	ification
For further information c	oncerning this matter, please c	·	incarron,
JORGE DIAZ		407 749-9598 at ()	
Name o	Person	Area Code Daytin	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is euclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of 7	
Tallahassee,	L L フスン 1-4	Z+13 IN, MIONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A FAMILY AFFAIR LLC	. <u>.</u>	
(Name of the Limited Liability Company (A Florida Limited Lic	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on JUNE 13 2022	and assigned
Florida document number 1.22000269241		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
DIAZ FAMILY CATERING LLC		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 28
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		The The Teacher
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	26 MH 11: 08
nt and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flor	ida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed	Tom our records.		
MGR = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐Add
			□Remove
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an effective date is listed, the date must be sp	ecific and cannot b	e prior to date of t	iling or more than 90	days after filing	g.) Pursu	ant to 60	15.020
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record specifies a delayed effective date	, but not an effec	ctive time, at 12:	01 a.m. on the ear	lier of: (b) T	he 90th	day aft	er the
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Filing Fee: \$25.00