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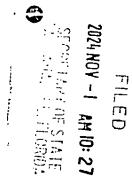
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1	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
(15 15) 157 CVD	LA REYNA	A DEL SABOR LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The industry	1 Aminton of	S	animal Con China	
The enclosed	1 Articles of	Amendment and fee(s) are sub	milled for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RAQUEL PEDRAZA		
			Name of Person	<del></del>
		LATIN GROUP BUSINE	SS	
			Firm/Company	
		617A CLEVELAND ST #	26	
			Address	
		CLEARWATER FLORID	A 33755	
			City/State and Zip Code	
		LATINGROUPBUSINESS	19@GMAIL.COM to be used for future annual report not	::::::::::::::::::::::::::::::::::::::
For further in	aformation c	oncerning this matter, please c		incarrent)
RAQUEL P			727 657-7725	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
₩ \$25.00 F	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)
	iling Addres gistration 5		<u>Street Address:</u> Registration Se	ection
	_	orporations	Division of Co	
	). Box 632		The Centre of	Tallahassee
Tal	lahassee, I	·L 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA REYNA DEL SABOR LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited E	ny as it now appears on our records. Liability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on <u>06/27/2022</u>	and assigned
orida document number L22000289200		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET ADDRESS)		9
		2024 NOV
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		i o 💂 📶
	14	
		, AA . 2
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	ie namic of the new regist
Name of New Registered Agent:		
Number of Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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
MGR	MARIA L. PEDRAZA MARTINE.	10610 N 30TH APT 42H	[]Add
		TAMPA ,FL 33612	■Remove
			☐Change
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fective date	te inserted in this	the date of filing must be specific and a s block does not ma e Department of St	ect the applicable	late of filing or more statutory filing	(option re than 90 days after fi requirements, this o	nal) iling.) Pursuant to 605.02 date will not be listed
ne. II the da cument's effe		ctive date, but not :	an effective time.	, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
cument's effe	rs a delayed effec	tine duic, vai har t				
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Filing Fee: \$25.00