

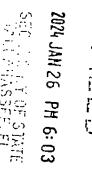
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COVER LETTER

	Registration Se Division of Co				
IT'Z Smackin LLC					
Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		German Zelaya			
			Name of Person		
		IT'Z Smackin LLC			
			Firm/Company		
620-1 Railroad Square					
			Address		
		Tallahassee, FL 32310			
			City/State and Zip Code		
		luluwang@mslulucpa.com			
		E-mail address: (to be used for future annual report noti	fication)	
For furthe	r information c	oncerning this matter, please c	all:		
Lulu War	ıg		626 9930788 at ()		
	Name o	f Person		e Telephone Number	
Enclosed i	is a check for th	ne following amount:			
■ \$25.0	0 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)	
_	Tailing Addres	_	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 632		The Centre of T	•	
Т	Tallahassee T	FL 32314		e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IT'Z Smackin LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 07/26/2022	and assigned
Florida document number L22000329926	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here;	
Flamingoz A Taste Of Miami LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	2024 J
Principal office address MUST BE A STREET ADDI	RESS)	A TI
		26
		Sych B III
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-5 0
muning undress may be a rost of rice boay		ω
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	78
	Flo	orida
	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
		 	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member German Donaldo Zelaya Typed or printed name of signee

Filing Fee: \$25.00