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1883 W. Royal Hunte Dr., Suite 200 Krystie Rice, paralegal Cedar City, Utah 84720 Krystie@kkoslawyers.com Phone 435-586-9366

Fax 435-586-9491

December 12, 2022

Department of State
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Slice Palencia**, **LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Krystie Rice Paralegal

Enclosure

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slice Palencia LLC				
(Nume of the Limited Liability (A Florida Li	Company as it now appears on o imited Liability Company)	ur records.)		•
The Articles of Organization for this Limited Liability Con	mpany were filed on August	15, 2022	and a	issigned
Florida document number L22000358792				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abb	reviation *	L.L.C."
Enter new principal offices address, if applicable:		Ž	292	
Principal office address MUST BE A STREET ADDRE.	(2.2)	ンジ	2 Dit	
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			<u>. 8</u>	}
		1777 p. 1777 p	A.	17.7
Enter new mailing address, if applicable:			 	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			<u>::</u>	
		¥-	7	
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our record	ls, <u>enter the name</u>	of the n	<u>ew regist</u>
Name of New Registered Agent:	<u> </u>		<u></u>	
New Registered Office Address:	Enter Florida str	eet address		<u>-</u>
		Florida		
	City	гюнца	Zip Cod	le

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other that reffective date is listed, the d	late must be specifi	ic and cann	ot be prior to	date of filing	or more than	(opti 90 days after	filing.) I	ursuant	to 605.02
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cord specifies a delayed o	effective date, bu	it not an e	ffective tin	ie, at 12:01 a	a.m. on the e	arlier of: (b) The	90th da	y after th
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