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(Re	equestor's Name)	 · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

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SUBJECT:		NUESTROS COLOMBIAN O	CUISINE LLC	
SUBJECT		Name of Lim	ited Liability Company	
1				
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
		КЕППЕТН МЕЛА		
		· • ·	Name of Person	
		SABORES NUESTROS C	OLOMBIAN CUISINE LLC	
			Firm/Company	762
		5375 NW 7TH STREET	APT 753	2(23 JEH - 3 FEH (0: 24
			Address	υ ω
		MIAMI, FL, 33126	1	
			City/State and Zip Code	<u> </u>
		Saboresnuestros7986@gma		
ro ar ab	. F		to be used for future annual report notifi	cation)
		oncerning this matter, please c		
KENNETH			786 547-5471 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
Re Di		Section Corporations	Street Address: Registration Sec Division of Corp	porations
	O. Box 632 Hahassee, l		The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	filed on 08/17/2022 and assigned
lorida document number L22000362662	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	impany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
•	1 (2)
Enter new mailing address, if applicable:	1279
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	دغ
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ess on our records, enter the name of the new reg
	'in 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KENNETH MEJIA	5375 NW 7TH STREET	
		MIAMI, FL, 33126	≣Remove
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			□Remove
			Change
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ive date, if other than the date of filing: fective date is fisted, the date must be specific and cannot be pric. If the date inserted in this block does not meet the applianent's effective date on the Department of State's record	icable statutory fi	r more than 90 day:	optional) cafter filing.) s, this date v	Pursuant to 60 vill not be lis
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.	n, on the earlier	of: (b) The	90th day aft
DECEMBER 27 2022				
Signature of a member or aut	4			