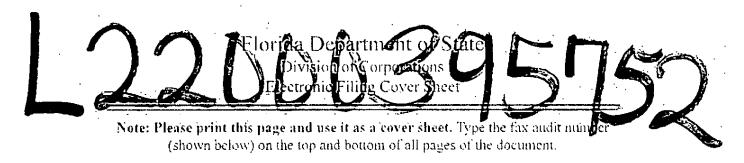
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I2014000084

Phone

: (305)541-3980-

Fax Number

: (786)713-1940

Thter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA ESQUINA DE MANOLO LLC

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M. SOLOMON APR 1 9 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records. Ability Company))	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>09/09/2022</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ily Company," the designation "LLC"	or the abbreviation=1L.C."	
Enter new principal offices address, if applicable:	Principles and Applicate to Company of the Company	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		$\frac{\partial \mathcal{L}}{\partial \mathcal{L}}$ $\mathbf{\omega}$	
		PH 12:	
Enter new mailing address, if applicable:		<u> </u>	
(Muiling address MAY BE A POST OFFICE BOX)		ज्ञतः द	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	ne name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
**************************************	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	гір Сове	

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is heing 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

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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	SANCHEZ CARRIZO, JORGE MARCIELO	5537 SHELDON RD SUITE E			
		TAMPA, FL 33615	=Remove		
			[]Change		
			□Add		
			□Remove		
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	Signature of a member of auti		a inemFer			
Dated	2023	····				
If the record specifies a delayed effective record is filed.			the sather of, (b) The s	90th day after	the	•
E. Effective date, if other than the fifun effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the U	st be specific and cannot be pinological does not meet the applications.	r to date of filing or more cable statutory filing re	equirements, this date w			b)
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				1991	PH 12: 53	C
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				10.2	2023 APR	p
			er el sebest distant Mina			
						
D. If amending any other informa	most enter changes, ner		remaining meetings of			

Typed or printed name of signee