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ALLAHASSEE, FLORII

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COVER LETTER

TO: Registration Section

Division of Cor	porations				
Real Latin I	Food, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Margareth S Castillo Aguilar				
		Name of Person			
		Hargurith Costillo Firm/Company			
		11701 Seashore Ln	3		
	Address Panama City Beach, Florida. US 32407				
	Panam	a City Beach, Florida. US 32407			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	margarethcastilloa@gmail.c	com to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·		
			incanon)		
For further information co	oncerning this matter, please c	all:	·		
Margareth S Castillo Agu	ilar	917 678-8242 at ()			
Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Latin Food, LLC (Name of the Limited Liability)	Company as it now appears on our record	ds.)
(A Florida Li	Company as it now appears on our record mited Liability Company)	,
The Articles of Organization for this Limited Liability Con	npany were filed on 09/29/2022	and assigned
Florida document number L22000422687		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	*~3
		1
		
Enter new mailing address, if applicable:		· • · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records enter	-
agent and/or the new registered office address here:	ince address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
Now Projectored Office Address		
New Registered Office Address:	Enter Florida street addre	NN -
	C1	lorida
	City:	lorida 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 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
AMBR	Lizeth N Bautista Rodriguez	900 Clara Ave Apt 8305, Panama City Beach, Florida	n∃ ≣Add
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fective date, if other than the date of filing:		(optio	nal)
n effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the a	pplicable statutory fil		
cument's effective date on the Department of State's rec	ords.		
ecord specifies a delayed effective date, but not an effect is filed.	ive time, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after th
August 29 2023			
ited,,	·		
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