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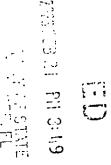
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Office Use Only



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R. HUNT 02/21/25

COVER LETTER

TO:

Registration Section Division of Corporations

SURINCE: TI	ne flour Shop Name of Lim	000 //			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:	· · · · · · · · · · · · · · · · · · ·		
r rease return an eorrespe	Addition contesting this matter	to the kindwing.	• • • •		
	1.				
		Ine <u>Dastrana</u>			
		Nante of Person			
		Firm/Company	PH 3: 19		
	8411 20	Address Address	ne		
	<u> </u>	City/State and Zip Code			
	+heflour E-mail address: (Shuppe Orlando to be used for future annual report not	ilication)		
For further information e	concerning this matter, please c				
Jazmyne Name o	Dastrana of Person	at (<u>407)</u> <u>383</u> Area Code Daytiir	2996 ne Telephone Number		
Enclosed is a check for the	he following amount:				
\$25,00 Filing Fee	S30.00 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)		
Mailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		G	Division of Corporations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	<u> √0 √. /4, ⊃ ∉ ∂ ⊅ </u> and assign	ned
Florida document number <u>L220004865</u> 23		
	0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
		_
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "L.L.C" or the abbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		- 1
	mil co	* -
	- E	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	ecords, <u>enter the name of the new r</u>	regis
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, <u>enter the name of the new r</u>	regis
ngent and/or the new registered office address here:	ecords, <u>enter the name of the new r</u>	regis
	ecords, <u>enter the name of the new r</u>	regis
Name of New Registered Agent: New Registered Office Address:		regis
Name of New Registered Agent: New Registered Office Address:	ecords, enter the name of the new r	regis
Name of New Registered Agent: New Registered Office Address:		regis

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
<u>AMB</u> R	Jazmyne pastrana	a 8411 Lake Waverly Lr.)!X/\dd
		Orlando, fl 32829	□Remove
			□Change
MGR	Miguel Pastrana	8411 Lake Waverly Ln.	DAdd
		Orlando, Fl. 32829	□Remove
			□Change
			S S □ Add 1
			Remove
		E STATE	Remove
			□Add
			Remove
		 	□Change
		 	□ Add
			□Remove
		,	□Change
			🗆 Add
			□Remove
			□Change

Signature of a member or authorized representative of a member