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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations
SUBJECT: PMCNOS ANDITOS y Mas
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rristina Sucrez Name of Person Pinchas Antonitos y mas
3209 E Hillsborough Ave
City/State and Zip Code Pin Chosy Frituras Cancul (CM E-mail addres): (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristing Sugrez at 989, 443-3514 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinchos Antout	o u mas	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on 11111	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3209 E His Tampa Fi	llsborough Ave
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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 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
Ambr	Kristing Sugrez	3209 E HILSDOYOUGV Tampa, FL 33610	Fre 1_15xdd
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etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 at the date inserted in this block does not meet the applicable statutory filing requiremment's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605 tents, this date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlifiled.	ier of: (b) The 90th day after
January 2nd 2023	
Kainte Luca	
Signature of a member or authorized representative of a member	2

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Filing Fee: \$25.00