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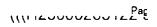
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COVER LETTER

		-	•
CT.	EMPANAL	DAS FACTORY LLC	
	Name of Lim	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	F-mail address: (to be used for future annual report no	olification)
her information c	oncerning this matter, please ea	all;	
TTE DOBSON		888-462-3	
Name o	f Person	Area Code Days	ime Telephone Number
ed is a check for the	ne following amount:		
5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration S	Section
Division of Corporations		Division of Corporations	
			Tallahassee roe Street, Suite 810
	her information corresponding Address Registration Solvision of Corresponding Fee P.O. Box 632	Place of Amendment and fee(s) are subseturn all correspondence concerning this matter LOVETTE DOBSON 17350 STATE HWY 249 3 HOUSTON, TX 77064 F-mail address: (ther information concerning this matter, please of the place of the following amount: 5.00 Filing Fee Status Mailing Address: Registration Section	EMPANADAS FACTORY LLC CT:

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPANADAS F	ACTORYLLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears	on our records.)	
(A Florida Limited Liab	шку Сопрану)		
The Articles of Organization for this Limited Liability Company we	re filed on	01/09/2023	and assigned
			and annighed
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company hei	e:	
	•	_	
The new name must be distinguishable and contain the words "Limited Liability	Company." the de	signation "LLC" or the	e 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)			
B. If amending the registered agent and/or registered office add	ress on our re	cords, enter the n	ame of the new registere
agent and/or the new registered office address here:		· •	
			707
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			<u> 34 0 </u>
	Enter Flori	da street address	### <u>_ m</u> 69
		, Florida	
	City		⊋ Zip Cide
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree , provisions of all statutes relative to the proper and complete pe			
accept the obligations of my position as registered agent as pro		-	
being filed to merely reflect a change in the registered office ad			
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	Carlos Tejeda	4250 Alafaya Trail Stc 210-420	🗖 Add
		Oviedo, FL 32765	■Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		, 1	
			∏Add
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	· ·		
Effective data if other than t	ha data of filings	(ontinnal)	
(B) an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applica	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed)207 (3) I as the
he record specifies a delayed effectord is filed.	live date, but not an effective tin	ne, at 12:01 a.m. on the earlier of; (b) The 90th day after:	the
Dated	2023		
	Ne	Limental pixed representative of a member	
************	Signature of a member or author	Azed representative of a member	
	Ney Pir	arrant al	

Filing Fee: \$25.00

Typed or printed name of signee