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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

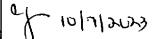




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09/28/23--01027--008 **25.00





COVER LETTER .

TO: Registration Se Division of Con			•
DISTRIBU	JIDORA PIEL DE ANGEL, LI	LC	
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:	
	SANDRA ESCOBAR		
		Name of Person	
	DISTRIBUIDORA PIEL	DE ANGEL, LLC	
		Firm/Company	
	9600 NW 25TH ST STE 6	5D	
	_	Address	
	DORAL, FL 33172		
		City/State and Zip Code	
	HUMBERTOJOSEDIAZ@	GMAIL.COM to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c		,
SANDRA ESCOBAR		954 8152590 at()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S		Registration Sec	etion
Livieion of C	OPPO CHOTI ON C	Di	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUIDORA PIEL DE ANGEL, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/12/2023 and assigned

Florida document number 1.23000025449

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Zip Code
	,	Florida
New Registered Office Address:	Enter Florida street add	ress
Name of New Registered Agent:		

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

Title	<u>Name</u>	Address	Type of Action
MGR	BLANCA ALVAREZ ALZATE	9600 NW 25TH ST STE 6D. DORAL, FL 33172	□Add
			= Remove
			□Change
<u>.</u>		······································	□Add
			□ Remove
			□Change
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		town Escone
SANIDDA ESCORAD		Signature of a member or authorized representative of a member

Filing Fee: \$25.00