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COVER LETTER

Div	ision of Corp	porations				
CUDITAT.	OTILOTA	S MSAP LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		ROSARIO TFJADA LOO				
			Name of Person			
		ANTOJITOS MSAP LLC				
			Firm/Company			
		6530 METROWEST BLV	D. APT. 602			
			Address		- 0	03
		ORLANDO, FL 32835				23 HA
		· · ·	City/State and Zip Code			173
		ANTOJITOS.MSAP@GMA				-J
For further in	nformation co	E-mail address: (1 oncerning this matter, please ca	to be used for future annual report notiful:	ication)	ESTA ESTA	AH 8: 5
ROSARIO	TEJADA LO	0	407 726-4401 at ()			Ωĭ
	Name of	Person		e Telephone Number		
Enclosed is a	a check for th	e following amount:				
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
	iling Address gistration S		Street Address: Registration Sec	ction		

Division of Corporations P.O. Box 6327

TO:

Registration Section

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

ANTOJITOS MSAP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>()2/22/2023</u>	and assigned
Florida document number L23000095052		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
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		. 27
Inter new mailing address, if applicable:		() }
Mailing address MAY BE A POST OFFICE BOX)		
		ानं दा
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	(III '	an 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
MGR	KASANDRA LOO TABERA	6530 METROWEST BLVD, APT, 602	□Add
		ORLANDO, FL 32835	≡ Remove
			□Change
			□Add
			□Remove
			□ Change
			TRemove THE
			Ghange S5
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