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COVER LETTER

ΓΟ: Registration Se Division of Cor			
ВОМВО Б	OOD LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALDO DELEON		
		Name of Person	
	LEGAL ARENA CORP.		
	 	Firm/Company	
	612 NICOLE MARIE ST		
		Address	·
	APOPKA FL 32712		
	legalarenaservices@gmail.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
ALDO DELEÓN		407 7828927	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 S Division of C		Registration Se Division of Co	
DO D CO		THE COME OF	•

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAY 19 AM 9: 33

BOMBO FOOD LLC

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

(2)	Criorida Cimited Ciability Company)	The state of the s
The Articles of Organization for this Limited Lial Florida document number		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "	I.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>O.V)</u>	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		
N D : 100° All		
New Registered Office Address:	Enter Florida street de	ldress
		Florida
	Ciţ	, Florida Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete performance of my dutie. tered agent as provided for in Chapter 6 egistered office address, I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR PERDOMO, CELINA		254 W STATE RD 434 LONGWOOD, FL 32750	□Add
			= n
			□Change
MGR	URDANETA ARRIETA, ANDRES E	9601 FONTNBLEAU BLVD # 601 MIAMI, FL 33172	
***************************************			_
			□Remove
			
			⊡Remove
			⊡Change
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ffective date, if other than the date effective date is listed, the date must	late of fili	ng:	or to date of fili	ng or more than	(optiona 90 days after filin	l) (g.) Pursuant to 60.	5.0207
ote: If the date inserted in this blo ocument's effective date on the De				ry ming reduit	ements, this da	e will hot be list	ica as
record specifies a delayed effective is filed.	date, but n	ot an effective	time, at 12:0	l a.m. on the ea	arlier of: (b) 1	The 90th day afte	er the
May 12		2023					
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N.A.		1					
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	Signature of	n member or au	nocecci edere	minimetrollomen	10071		