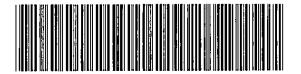
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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

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| TO:                    | Registration Sec<br>Division of Corp          |  |   |   |  |
|------------------------|---|--|---|---|--|
| 0                      | .com  | ANTOJITOS                                    | A TU GUSTO LLC  |   |  |
| SUBJE                  | CT:   | Name of Lin                                  | iited Liability Company   | <del></del>   |  |
| The end                | closed Articles of A                          | Amendment and fee(s) are sub                 | omitted for filing.   |   |  |
| Please                 | return all correspoi                          | ndence concerning this matter                | to the following:   |   |  |
|                        |   | RISA   | LINA D. ZAYAS   |   |  |
|                        |   |  | Name of Person  |   |  |
|                        |   |  | Firm/Company  |   |  |
| 4201 22 ND ST SW       |   |  |   | 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.   |  |
| Address                |   |  |   |   |  |
| LEHIGH ACRES ,FL 33976 |   |  |   |   |  |
|                        |   | 1 ic a 1                                     | City/State and Zip Code DAVID96@YAHOO.COM                                       | ,   |  |
|                        |   |  | to be used for future annual report notification)                               |   |  |
| For fur                | ther information ec                           | oncerning this matter, please e              | ·   | ्त <u>ा</u>   |  |
|                        | RISALINA DA                                   | VID ZAYAS                                    | 239 8501689   |   |  |
|                        | Name of                                       | Person                                       | Area Code Daytime Telephone N   | lumber  |  |
| Enclose                | ed is a check for th                          | e following amount:                          |   |   |  |
| <b>≡</b> \$23          | 5.00 Filing Fee                               | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Ce<br>(additional copy is enclosed) Ce                           | 0.00 Filing Fee,<br>crtificate of Status &<br>crtified Copy<br>ditional copy is enclosed) |  |
|                        | Mailing Address Registration S Division of Co | ection<br>orporations                        | Street Address: Registration Section Division of Corporations                   |   |  |
|                        | P.O. Box 632'<br>Tallahassee, F               |  | The Centre of Tallahassee<br>2415 N. Monroe Street, St<br>Tallahassee, FL 32303 |   |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Anton ditos A Tu Gusto  |  |
|---|--|
| (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 L   | iability Company were filed on _       | MARCH 31, 2023               | and assigned        |  |
|---|--|------------------------------|---------------------|--|
| Florida document number L23000162291  |  |                              | _ ,                 |  |
| This amendment is submitted to amend the fol  | lowing:                                |                              |                     |  |
| A. If amending name, enter the new name of  | of the limited liability company l     | <u>here</u> :                |                     |  |
| The new name must be distinguishable and contain the                                    | words "Limited Liability Company," the | designation "LLC" or the abh | reviation "L.L.C."  |  |
| Enter new principal offices address, if appli-  | cable:                                 | ;-[.                         | . 025 -             |  |
| (Principal office address MUST BE A STRE  |  | 1                            | <del></del>         |  |
| (Frincipal Office address MOST DE ASTRE)  |  | 7                            |                     |  |
|   | <del></del>                            |                              |                     |  |
|   |  | ţ                            | ب                   |  |
| Enter new mailing address, if applicable:   |  |                              | ·                   |  |
| (Mailing address MAY BE A POST OFFICE   | <u></u>                                |                              | · · ·               |  |
| B. If amending the registered agent and/or agent and/or the new registered office addre |  | records, enter the name      | of the new register |  |
| Name of New Registered Agent:   | RISALINA DAVID ZAY                     | YAS                          |                     |  |
| New Registered Office Address:  | 4201 22 ND ST                          | 4201 22 ND ST SW             |                     |  |
| 3.1.2   | Enter Flo                              | orida street address         |                     |  |
|   | LEHIGH ACRES                           | , Florida <sup>339</sup>     | 76                  |  |
|   | City                                   |                              | Zip Code            |  |

## New Registered Agent's Signature, if changing Registered Agent:

Carried States

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 |
|--------------|----------------------|--|----------------|
| AMBR         | RISALINA DAVID ZAYAS | 4201 22 ND ST SW LEHIGH ACRES FL 33976 | <b>=</b> Add   |
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| tive date, if other than the date of filing:  |                  |                   |                  | (optional)                              |                                       |
| effective date is listed, the date must be specific and cannot If the date inserted in this block does not meet | ot be prior to d | late of filing o  | r more than 90 d | ays after filing.)<br>ints, this date v | Pursuant to 605.02 will not be listed |
| ment's effective date on the Department of State'   | s records.       | ,                 | C· ·             |   |                                       |
|   |                  |                   |                  |   |                                       |
| ord specifies a delayed effective date, but not an e filed.   | ffective time.   | , at 12:01 a.     | m. on the carli  | er of: (b) The                          | 90th day after t                      |
|   |                  |                   | /1               |   |                                       |
| d   | )23              | ). <sub>1</sub> - |                  | 07                                      | 4                                     |
|   | K                | <u>saluc</u>      | A DAVID ZAY      | Jack.                                   | 2                                     |
|   |                  |                   | A DAVID ZAIZ     | ン <u>/</u>                              |                                       |
| Signature of a mem  | ver or at        |                   | uve or a membe   | 7                                       |                                       |

DOLL D. BOSON