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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: KING PAP	A MIAMI LLC 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:		
	CARLOS A COLMENAR	RES		
		Name of Person		
	KING PAPA MIAMI LLO			•
		Firm/Company		
	2951 NW 154TH TER			
		Address		
	MIAMI GARDENS, 3305	4		
		City/State and Zip Code	· · ·	
	ottofg@gmail.com			, 1
	E-mail address: (to be used for future annual report notif	ication)	٠.,
For further information c	oncerning this matter, please c	alt:		
CARLOS COLMENAR	ES	954 4696228		22
Name o	f Person	at () Area Code Daytime	: Telephone Number	·
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroo Tallahassee, FL	porations allahassee : Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING PAPA MIAMI LLC		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on ou <u>r records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000184147}{L23000184147}$.	were filed on <u>04/13/2023</u>	and assigned
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 Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: 2951 NW 154TH TER		
rincipal office address MUST BE A STREET ADDRESS) MIAMI GARDENS, FL, 33054		
		•
		. :
Enter new mailing address, if applicable:		<u>ر ، </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		15
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 the na</u>	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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 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
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