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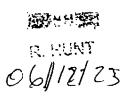
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	EVICHERA-BAR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIZABETH ZAMORA-I	EDWARDS	
	<u> </u>	Name of Person	
	VZ ACCOUNTING SERV	VICES INC	3
		Firm/Company	: ند
	6420 NW 5TH WAY		
	 	Address	2 P III
	FORT LAUDERDALE, F	L. 33309	THE PH 7: 44
		City/State and Zip Code	FAIR
	elizabeth@vzaccountingser	vices.com to be used for future annual report no	itiention)
For further information of	concerning this matter, please co		in Cation,
Elizabeth Zamora-Edwa	rds	954 5982994	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 633 Tallahassee.		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
rananassee.	Τ البشاد ال	#412 (4, MICHIL)	DE DIEGI, DUITE DIO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAZCA CEVICHERA-BAR LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000221638</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:	
NAZCA CEVICHERIA-BAR LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		70
(Principal office address MUST BE A STREET ADDRESS)		ند: د
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name	of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	г.т соле
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pairing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fai rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

į

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
			□Add
			□Remove
			☐ Change
			□Add
		· · · · · ·	□Remove
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becament's effective date on the light	block does not	meet the ap	plicable sta	of filing or mo tutory filing	re than 90 day requirement	(optional) s after filing.) f s, this date w	Pursuant ill not b	to 605,020 e listed a
record specifies a delayed effecti is filed.	ve date, but no	ot an effectiv	re time, at 1	2:01 a.m. oi	the earlier	of: (b) The	90th day	vafter the
MAY 19		2023	·					
ited								
ited	Signature of a	July C	spina	Hoyos				

Filing Fee: \$25.00