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A. PARISHANI OCT 2 2 2023

COVER LETTER

TO: Registration Sec Division of Corp			19
SUBJECT:	layeya's Cubar Name of Limi	Food IC.	
			207
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	2023 OCT 13
Please return all correspon	dence concerning this matter t	to the following:	
		Ireya Alvarez	AH IO: 35
	Mayeya's	S Cuban Food . Firm/Company	LLC.
	19105 NW 5		
	Reddick	Florida 320	686
	Mirefaa E-mail address: (1	City/State and Zip Code Varez 68 D Yahoo o be used for future annual report no	, COM
For further information cor	ncerning this matter, please ca		cuito,
	ΛÍ	at (<u>786</u>) 56	4 701Z
Name of F	Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	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)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** Mayeya's Cuban Food IIC. iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number <u>L 23000228256</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
<u>AMBR</u>	Otero Carro, Mabel	19105 NW 52nd Ter.	□Add
		19105 NW 52nd Ter. Reddick, Florida 32686	Remove
			Change
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tive date, if other than the date of filing: $\frac{10/01/26}{26}$	02.3 (optional)	
tive date, if other than the date of filing: \(\frac{10/0/26}{20}\) The date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	'tiling or more than 90 days after filing.) Pu	rsuant to 605.0
ment's effective date on the Department of State's records.	avory ming requirements, this date will	i not be fisted
ord specifies a delayed effective date, but not an effective time, at 12 fled.	2:01 a.m. on the earlier of: (b) The 9	Oth day after t
Signature of a member of authorized rep	~	