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COVER LETTER

Tallahassee, FL 32314

	ision of Cor				
SUBJECT.		EATIVE FOOD LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LUIS E REMEDIO AVII.	.A		
			Name of Person		
			Firm/Company		
5830 MEMORIAL HWY APT 1118					
		TAMPA FL 33615			
		luis68rg@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report i	otification)	
For further i	nformation c	oncerning this matter, please ca	all:		
LUIS E RE	UIS E REMEDIO 813		at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is	a check for th	ie following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address Registration		
		Section	Division of Corporations		
P.0	D. Box 632	:7	The Centre o	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPER CREATIVE FOOD LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our recor- nability Company)	<u>(1s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05/30/2023	and assigned
Florida document number 1.23000261680		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FARANDULERO PIZZERIA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL0	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5830 MEMORIAL HWY AP	T 1118
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33615	2024
		21:
		3
Enter new mailing address, if applicable:		. 9
(Mailing address MAY BE A POST OFFICE BOX)		٠ , ب
<u> </u>		<u></u>
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>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	23.5
		lorida
	Ciŵ	Zsp 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 Title Name Address Type of Action ______ □ Change _____ Change _____ □∧dd _____ □Remove ______ □Add _____ Change _____ □Remove ______ □Remove

_____ □Change

	I NEED TO MAKE A CHANGE IN THE NAME OF MY COMPANY THE NEW NAME IS:
	FARANDULERO PIZZERIA LLC
_	
•	
fan ef <u>Sote:</u>	ive date, if other than the date of filing: [coptional] [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a tent's effective date on the Department of State's records.
d is ti	,
	03/19/2024
Dated	
Pated	

Filing Fee: \$25.00