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COVER LETTER

TO: Registration Division of C			
	BREAKFAST LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	·
Please return all corres	pondence concerning this matter	r to the following:	
	JACQUELINE ACEVED	00	
		Name of Person	
	JASASTSA BUSINESS S	SERVICES LLC	. 1
	- 12 · · · · · · · · · · · · · · · · · ·	Firm/Company	
	22095 US HWY 19 N		 :
		Address	
	CLEARWATER, FLORII	DA 33765	·
		City/State and Zip Code	
	AUCLEARWATER@GM	AIL.COM	ئ
	E-mail address:	to be used for future annual report n	otification)
For further information	concerning this matter, please of	all:	
JACQUELINE ACEVI	EDO	727 645-2856	
Name	of Person	at () Area Code Dayt	ime 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)
Mailing Addre		Street Address:	
Registration		Registration S	
Division of O P.O. Box 633		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LUCIO'S BREAKFAST PLACE LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

(Name of the Limi	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited I	iability Company were filed o	on_07/24/2023	and assigned
Florida document number L23000348552	·		_
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	' the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	<u>.</u>	
			;
	_		:
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		::
			151
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, enter the name	e of the new registered
Name of New Registered Agent:	JASASTSA BUSINESS SEI	RVICES LLC	
New Registered Office Address:	22095 US HWY 19 N		
Negistara office Attaces.	Ente	r Florida street address	
	CLEARWATER	, Florida ³³⁷	65
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	er and complete performand istered agent as provided for registered office address, I l change.	ce of my duties, and I am fo in Chapter 605, F.S. Or, i	imiliar with and if this document is ited liability

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	LUCIO DOMINGUEZ	7335 LITTLE ROAD	≅ Add
		NEW PORT RICHEY, FL 34654	□Remove
			☐ Change
		_	□Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of fote: If the date inserted in this block does not meet the applicable status current's effective date on the Department of State's records.	iling or more than 90 days cory filing requirements	optional) s after filing.) Pursuant to 66 s, this date will not be li	05.02 sted :
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	01 a.m. on the earlier o	of: (b) The 90th day aff	ter th
ted NOVEMBER 28TH 2023			
1	11 0 1		
LUCIO DOMINGEZ-	sentative of a member		

Filing Fee: \$25.00