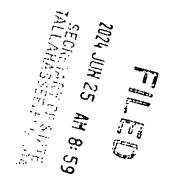


| (Requestor's Name) | |
|---|-------------|
| (Address) | <u> </u> |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | \neg |
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| UMILIS | |
| Office Use Only | |



06/25/24--01027--027 **25.00



COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | | |
|---------------------------------|--|---|---|--|
| SUBJECT: | | ros food tever 1 | LIC | |
| | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | • | | |
| | | Andres ARaujo | | |
| | | Name of Person | | |
| | Bis | seeos food tevck | . uc | |
| | | | | |
| | 11558 | thurston way | | |
| | 11558 thurston way | | | |
| | Oelan | do Florda 3283 | | |
| | | City/State and Zip Code | | |
| | D1356106 | 5 Food touck of gmail to be used for future annual report no | 1-COM. | |
| | | | ouncation) | |
| For further information c | oncerning this matter, please c | | | |
| Andrea | Aeaux | at (40+) Days | 1294430 | |
| Name o | f Person | Area Code Dayt | ime Telephone Number | |
| | | | | |
| Enclosed is a check for the | ne following amount: | | | |
| S25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres | | Street Address: | | |
| Registration S Division of C | | Registration S Division of C | | |
| P.O. Box 632 | | The Centre of | • | |
| Tallahassee, I | FL 32314 | 2415 N. Mon | roe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| brase | ros food teuck | UC | |
|--|--|--|---------------------------------------|
| (Name of the Limited (A | Liability Company as it now apported Limited Liability Company | ears on our records.) | |
| The Articles of Organization for this Limited Liab | - · · | Florida | and assigned |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability company | <u>here</u> : | 2024 JUI |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the | e designation "LLC" or the ab | breviation "L.C." |
| Enter new principal offices address, if applicab | ole: | | 100 |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | 973 (A 1984 (B 18 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | |
| | | ······································ | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | records, enter the nam | e of the new registered |
| Name of New Registered Agent: | | 12010 | |
| New Registered Office Address: | 11558 thue | Ston Wey forida street address | |
| | 02lando | . Florida | 32837 |
| | City | , | 32837 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> | Name | Address | Type of Action |
|--------------|--------------|---|----------------|
| MGR | torge Bedoya | 13304 Pontoon ed | □Add |
| | | 13304 Pontoon ed winter garden, 934787 | □Remove |
| | | | □Change |
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| | | | □Remove |
| | | | □Change |
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| ffective date, if other than the date of filing: an effective 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 60 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft is filed. | |
|--|---|
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| l is filed. | neet the applicable statutory filing requirements, this date will not be listed a |
| ated <u>June 21</u> . 2024. | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th |
| \mathbf{i} | , 2024 · |
| | \mathcal{A} |
| Signature of a member or authorized representative of a member ANDRO AROY | ^ |

٠.

Filing Fee: \$25.00