1 23000438308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 umills

Office Use Only



800424899408

21/57.24 11111-111 44. ...

COVER LETTER

 $c_{(i,j)} = c_{(i,j)} + c_{(i,j)} + c_{(i,j)} + c_{(i,j)}$

TO: Registration Section

Division of Corporations				
ammer Birr	a Procesus II C			
SUBJECT: <u> </u>	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul-	amitted for filing		
		-		
Please return all correspo	ondence concerning this matter	to the following:		
	hinnes	Anomada		
		Name of Person		
DIRECT: Birra Bacana LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Amendment Am				
		Ficn/Company		
		13.		
	91791 NW	25th Ct.		
		Audress		
	Simple	ち 3332.7		
	<u> </u>	City/State and Zip Code		
	E-mail address:	to be used for future annual report no	ification)	
For further information c	oncerning this matter, please of	all:		
Ginnet +	Anumady	at (954)	<u>⇒0 618-3099</u>	
Name o	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	he following amount:			
	-	V CSS OO William Ran B	S60.00 Eiling Roy	
□ \$25.00 rung rec	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)		
			.ation	
	•			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Birra Bacana U	C		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears o nited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09	20 2023	_ and assigned
Florida document number 1230∞ 4383 68			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
Birria Bacana LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
			· — ·
D. If amounting the anxiety of a control of the con	۳	1 ()	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	uce address on our reco	rds, enter the name of	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
Now Registered Office Address.	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	oduties, and I am fan apter 605, F.S. Or, if	niliar with and this document is
ĪF	Changing Registered Agent	, Signature of New Regis	tered 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			DAdd
			Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			□Add
			⊟Remove
			□ Change
			□Add
			□Remove
			□ Change

Page 2 of 3

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 1 , 2024.
	Signature of a member or authorized representative of a member
	Elinner Ahrmada Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00