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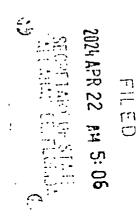
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COVER LETTER

TO: Registration Se		* * **	; · ·	
	on Cafeteria LLC		n	
SUBJECT:		nited Liability Company		
	Name of Lin	med Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sergio Castanon			
		Name of Person		
	La Bendicion Cafeteria LI	.C		
Firm/Company				
	1132 South J Street			
		Address		
	Lake Worth, Fl 33460			
		City/State and Zip Code		
	n_sosa@bellsouth.net			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Sergio Castanon		772 285-9261		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 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 Address		Street Address:		
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 632	7	The Centre of	-	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Bendecion Cafeteria LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L24000081095	pany were fited on $\frac{02/14/2024}{1}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
La Bendicion Cafeteria LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>sy</u> '	<u> </u>
	, .	<u> </u>
Enter new mailing address, if applicable:	N/A	APR 22
(Mailing address MAY BE A POST OFFICE BOX)		
		بي ــــــــــــــــــــــــــــــــــــ
		0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new regist
NI CNI DI LA LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	.,,
	Enter r tortaa street	aaaress
	City	, Florida
	Cit) ^c	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 th 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>	<u>Name</u>	Address	Type of Action
			□ Add
		 	□Remove
			□ Change
			□ Add
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		·	Change
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	04/17/2024		(
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Filing Fee: \$25.00