

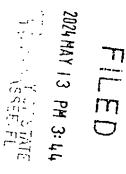
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Papaya Bra	ızilian Grill LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mauren Piucco		
		Name of Person	
	PGL Foods LLC		
		Firm/Company	
	5141 SW 91st Way Suite I	i-101	
		Address	
	Gainesville, Florida 32608	.	
		City/State and Zip Code	
	pglfoodslle@gmail.com E-mail address: (to be used for future annual report noti	lication)
For further information e	oncerning this matter, please c	all:	
Mauren Piucco		at (<u>781</u>) <u>7279292</u>	
Name o	f Person	Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	:7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Papaya Brazilian Grill LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
he Articles of Organization for this Limited Liability Company w	vere filed on 04/22/2024	_ and assigned
lorida document number L24000187379		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
PGL Foods LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	eviation "L.L.C."
Inter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRESS)		1,12
THE PART OFFICE WALLESS MOST BE A STREET ADDRESS		\$ 1
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nter new mailing address, if applicable:		- 2 - 2
Mailing address MAY BE A POST OFFICE BOX)		-F
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. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, enter the name o	of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City -	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 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	Jose Lemos	3065 SW 115th Terrace, Gainesville, FL 32608	\ Add
			□Remove
			□Change
AMBR	Erica Wallace Gonzaga	12019 SW 31st Rd. Gainesville, FL 32608	= Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Effect	ve date, if other than the date of filing: 04/22/2024 (optional)
	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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
he recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is fi	
Dated	May 09 2024
	Signature of a member or authorized representative of a member
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Typed or printed name of signee