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COVER LETTER

TO:

TO: Registration Se Division of Cor					
CLID ICCC	MARISCOS BA	AHIAS LLC			
SUBJECT:	Name of Limi	ted 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:			
	MIGUEL G AVALOS ENRIQUEZ				
		Name of Person			
		Firm/Company			
7334 MYRTLE ROAD					
	FORT MYERS FL 33967				
		City/State and Zip Code			
		to be used for future annual report not	fication)		
For further information c	oncerning this matter, please ca	all:			
MIGUEL AVALOS EN	RIQUEZ	239 849-4(X)5			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section		<u>Street Address:</u> Registration Sc	ection		
Division of C	orporations	Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee, I	*L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARISCOS BAI	HIAS LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	05/01/2024	and assigned
lorida document number L24000203542			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company h	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the c	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			**
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Enter new mailing address, if applicable:		À,	····
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		गि	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our r	701 111 111	<u>- 5</u>
New Registered Office Address:			
	Emer Flo	rida 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 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
MGR	FROYLAN MARTINEZ	5541 3RD AVE	□Add
		FORT MYERS FL 33907	≣Remove
			Change
			□Add
			Remove
			□Change
			
			☐Remove
			□Change
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			□Change
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	······		□Add
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ective date, if other than the	dots of filings			(a=t'a=al)		
effective date is listed, the date mus	it be specific and cannot be pr	ior to date of filing	or more than 90 d	_(optional) ays after filing.)	Pursuan	t to 605,02
 e: If the date inserted in this blument's effective date on the D 			tiling requireme	ints, this date	vill not	be listed
ord specifies a delayed effectiv filed.	e date, but not an effectiv	e time, at 12:01 a	a.m. on the earlie	er of: (b) The	90th da	ay after tl
, AUGUST I	2024	1	7			
	·	 //	11)			
:a		And				
ed	Signature of a member or a	AVOLOS inted name of sign	dive of a member			

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