

L240003280453

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000328045 3)))



H240003280453A8C

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INC AUTHORITY, LLC
Account Number : 120240000004
Phone : (775)329-7721
Fax Number : (775)376-9207

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: andradeeadri@gmail.com

FILED
2024 SEP 30 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNDERGROUND CUISINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

UNDERGROUND CUISINE, LLC

Name of the Limited Liability Company as it now appears on our records
(If the LLC is a foreign company)

The Articles of Organization for this Limited Liability Company were filed on 08/13/24 and assigned
Florida document number L24000355863

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company" (the designator "LLC" or the abbreviation "LLC")

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Complete street address

Florida

City

FILED
2024 SEP 30 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

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

:

AMBR - Authorized Member

:

...

...

...

100

Answers

~~~~~

**Abstract**

1

1

1

1

1

\_\_\_\_\_

1

1

1

1

1

D. If amending any other information, enter changes (here: *if applicable*)

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be later than 90 days after filing of the document with the State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(a) The 90th day after the record is filed.

Dated September 25, 2024

Signature of a member or authorized representative of a member

Lisbeth Adriana Martinez Andrade

Typed or printed name of signee