14000358056

· -	(Re	questor's Name)	
	(Add	dress)	
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	(Cit	y/State/Zip/Phon	e #)
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	(Bu:	siness Entity Nar	ne)
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Certified Copies	s	_ Certificates	s of Status
Special Instru	ctions to i	Filing Officer:	

Office Use Only



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2025 JUN -9 AM 11: 38 TALL'AHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICE	S. INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from the account: 12021000	00160: \$25.00
Authorized Signature 1	
FULANO ESPANOLA WAY LLC	L24000358056
Business Name	#Document
Walk in	Will wait
Certified Copy of the Articles	
. Certificate of Status	
Profit	X Amendment
Not for Profit	_Resignation of Member/MGR
LLC	Resignation of Registered Agent
Domestication	Revocation of Dissolution
INC	Conversion
CORP	Statement of Correction
PLLC	———— Merger
GP GP	DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing
	Partnership
Fictitious Name -	Reinstatement
	Articles of CORRECTION
Statement of Authority	Withdraw of Certificate of Authority
business	TRADEMARK
	Domestication
APOSTIL	
COUNTRY	Other
	•

EXAMINER'S INITIALS:_____

COVER LETTER

Tallahassee, FL 32314

TO:		istration Sec sion of Corp			•
CUDIE	OT.	FULANO	ESPANOLA WAY LLO		
SUBJEC	CI;		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			MARTIN E. DELLOCA		
				Name of Person	
			MDELL CONSULTING	CORP	
				Firm/Company	
			848 BRICKELL AVE. ST	E 1130	
				Address	
			MIAMI, FLORIDA		
				City/State and Zip Code	
			MDELLOCA@MDELLCO	ONSULTING.COM to be used for future annual report not	(Continu)
For furth	her in	formation co	e-man address: (oncerning this matter, please c		meanon
MARTI	IN E.	DELLOCA		305 6073493	
		Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	d is a	check for th	e following amount:		
■ \$25	.00 F	iling 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)
	Reg	ding Address	Section	Street Address: Registration Sc	
		rision of C). Box 632	orporations 7	Division of Co The Centre of	
		lahassee. F			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FULANO ESPANOLA WAY LLC	2025 JUN -9 AM II: 38
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.
(A Florida Ellined Elability Company)	TALL AHASSEE ELOSIE
The Articles of Organization for this Limited Liability Company were filed on	08/19/2024 AHASSEE. FLORIDA and assigned
Florida document numberL24000358056	
Torica document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
Miami Fresh Catering LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
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)	
Muning undress MAT BE A FOST OF FICE BOX	
D. 16. It is the desired office address on our mo	come ontor the name of the new registe
B. If amending the registered agent and/or registered office address on our re- agent and/or the new registered office address here:	cords, enter the name of the new registe
agent and of the new regions to construct the new regions the new regions to construct the new regions	
Name of New Registered Agent:	
New Registered Office Address:	
Ten registered Circe reduces.	da street address

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added on removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
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fan effect <mark>Note:</mark> If	e date, if other t tive date is listed, the the date inserted it's effective date	e date must be speci in this block does	ific and canno s not meet th	ne applicable	te of filing or m statutory filin	ore than 90 day:	optiona after filin s, this dat	g.) Pursu	iant to 60 ot be lis	5.0207 (ted as 1
d is filed								The 90th	day afti	er the
	June	9	,;	2025 .	MEI	2002				
Dated							7			
Dated					I representative					