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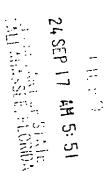
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| SUBJECT: | Suarez-Loz | | | |
| SUBJECT. | | | nited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| | | ondence concerning this matter | _ | |
| | | Enrique Suarez Suarez | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 5241 NE 16th terrace | | |
| | | | Address | |
| | | Pompano Beach, FL 3306 | 4 | |
| | | 110500 | City/State and Zip Code | |
| | | sandra.suarez1195@gmail.e | com to be used for future annual report n | orification) |
| For further int | formation c | oncerning this matter, please c | | |
| Sandra Suarez | z Cruz | | 305 890-5206 | |
| | Name of | f Person | | ine Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ≡ \$25.00 Fi | ling 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) |
| | ing Addres | | Street Address: Registration S | Section |
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| P.O. | Box 632 | 7 | The Centre of | Tallahassee |
| Talla | ahassee, t | EL 32314 | 2415 N. Mon | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suarez-Lozano LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/16/2024}{1}$ and assigned Florida document number _____L24000359966 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Atrium Gourmet LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 Florida street address , Florida _

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 I | Registered | Agent, Si | ensture o | f New Registr | tred 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 Men | ber | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | e date, if other tha | late must be specific this block does no | and cannot be prior of meet the applic | able statutory filing | e than 90 days after fil | ial) ling.) Pursuant to 605.0207 late will not be listed as |
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