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## **COVER LETTER**

THE CEVICHE FACTORY DOT COM LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    HELEN ALVAREZ		Registration Sec Division of Corp			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    HELEN ALVAREZ	cup to c		THE FACTORY DOT COM L	LC	
Please return all correspondence concerning this matter to the following:    HELEN ALVAREZ	SORTEC	1:	Name of Lim	ited Liability Company	
HELEN ALVAREZ    Name of Person	The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
THE CEVICHE FACTORY DORT COM LLC  Firm/Company  3033 GRAND PRESERVE BLVD  Address  MULBERRY. FL 33860  City/State and Zip Code  YOPDIGITAL@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ALHERTO ALVAREZ  Name of Person  Area Code  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  THE CEVICHE FACTORY DORT COM LLC  Firm/Company  303 GRAND PRESERVE BLVD  Address:  S1500 Filing Fee Certification  S60.00 Filing Fee Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations	Please ret	urn all correspor	E CEVICHE FACTORY DOT COM LLC  Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  HELEN ALVAREZ  Name of Person  THE CEVICHE FACTORY DORT COM LLC  Firm/Company  3033 GRAND PRESERVE BLVD  Address  MULBERRY, FL 33860  City/State and Zip Code  YOPDIGITAL@GMAIL.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  FAREZ  Name of Person  at (a)  Area Code  Daytime Telephone Number  eck for the following amount:  g Fee  S30.00 Filing Fee & Certificate of Status  Certificate of Status & Certificat Copy  (additional copy is enclosed)		
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City/State and Zip Code  YOPDIGITAL@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ALBIERTO ALVAREZ    305				Address	<del></del>
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□ \$25.00 Filing Fee Solution Section    Solution   Sol		Name of	Person	Area Code Daytir	ne Telephone Number
□ \$25.00 Filing Fee Solution Section    Solution   Sol	Enclosed	is a check for the	e following amount:		
Registration Section Registration Section Division of Corporations Division of Corporations			■ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
	1	Registration S	ection	Registration Se	
P.O. Box 6327 The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CEVICHE FACTORY DOT COM 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  $\frac{10/25/2024}{1}$ Florida document number L24000454239 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AUTHENTIC EATS CREATIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 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
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