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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AC ACCOUNTING SERVICES, LLC

Account Number : I20220000194 Phone : (305)721-8342 Fax Number : (786)349-5019

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Emali	Address:			
			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELINA'S FOOD LLC

K. SALY JUL 2 2 2025

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MELINA'S FOOD LLC			51,7
(Name of the Lim	ited Linbility Comp (A Florida Limited	ny as it now appears on our t Liability Company)	ecords.)
The Articles of Organization for this Limited I	Liability Company	were filed on 06/18/2025	and assigned
Florida document number L25000285985	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited ligh	nility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1591 BARBERRY DR	
(Principal office address MUST BE A STRE	ET ADDRESS)	KINDRED, FL 34744	
Enter new mailing address, if applicable:		1591 BARBERRY DR	
(Mailing address MAY BE A POST OFFICE BOX)		KINDRED, FL 34744	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	ALEJANDRO	JOSE SANZ ALMEIDA	
New Registered Office Address:	1591 BARBER	RY DR	
		Enter Florida street a	diress
	KINDRED		, Florida <u>34744</u>
		City	Ztp 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.

Alejanday Jose Sanz Hmei Jo If Changing Registered Agent, Signature of Nov 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
MBR	JOSE A SANZ ALMEIDA	159! BARBERRY DR	
		KINDRED, FL 34744	≅Remove
MGR	ALEJANDRO JOSE SANZ ALME	1591 BARBERRY DR	= Add
		KINDRED, FL 34744	□Remove
			□Change
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ctive date, if other than th	e date of filing: 06/19/2025	(optional)
If the date inserted in this	ist be specific and cannot be prior to date of filing or more than look does not meet the applicable statutory filing requir	
ment's effective date on the i	Department of State's records.	
1	and the bost of the state of th	of a of the office of the order
ord вреситея в detayed circor filed.	ve date, but not an effective time, at 12:01 a.m. on the	sattler of: (b) The SAID day after the
d	2025	
	Signature of a member or authorized representative of a me	/
/// n		

Filing Fee: \$25.00