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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	cer: <u>Ceviche Bar LLC</u>
	Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing
Please	return all correspondence concerning this matter to the following:
	Jaime Dickinson Name of Person
	Cevidne Bar, LLC
	4990 SW 80 ST
	Miami FL 33143 City/State and Vip Code
	hrathegroup3. com 1-mail address to be used for future annual report notification)
For fu	rther information concerning this matter, please call
<u></u>	Nestor Rojas at 786 412-8593 Name of Person Area Code Daytime Telephone Number
Factor	sed is a check for the following amount
X 52	Soo Filing Fee Soo 00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy Cert

MAILING ADDRESS:

Representation Section Division of Corporations P.O. Hox 6327 Tallahassee, F.L. 32314 STREET COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on July 07, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	iy Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19075 West Dixie Hwy. Miani, Fl. 33180
(Principal office address MUST BE A STREET ADDRESS)	Miani, FL. 33180
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 here:	
Name of New Registered Agent: Ne	stor Rojas
New Registered Office Address: 190	17-15 West Dixie Hwy. Finer Florida street address
<u> </u>	Florida 33/80
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Degistered Agent, Signature of New Registered Agent

Page 1 of 3

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AHBA	Nestor Pojas	19075 W Divie Hwy Hami FL 33180	ZAU
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			Change
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	No. 18.
	
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Meetive	ate, if other than the date of filing:
fan effecti	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
document	effective date on the Department of State's records
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90	day after the record is filed.
Dated	<u>4/10/18</u>
	Sit nature of a member or authorized representative of a member

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