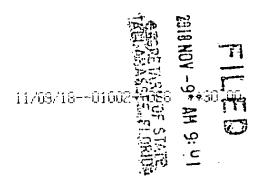
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COVER LETTER

	ration Secti on of Corpo						
LI SUBJECT:	ET IT BE SV	VEETS CAFE LLC					
		Name of Limi	ited Liability Company				
The enclosed A	rticles of An	nendment and fee(s) are sub	mitted for filing.				
Please return all	l correspond	ence concerning this matter	to the following:				
		MAIRA DENISE SPINDL	ER				
			Name of Person				
			Firm Company				
		1111 SOUTH DIVISION /			•		
		ORLANDO, FL, 32805	Address		المشعاد		
City/State and Zip Code mairadenise30@gmail.com					部門	AON 8132	Tampe (
For further info	rmation cond	E-mail address: (t cerning this matter, please ca	to be used for future annual report notification) th:		NACE O	-9	
MAIRA DENIS			407 6908983 at ()			N 6: N	
	Name of Pe	erson	Area Code Daytime Telephone	: Number	당권	_	•
Enclosed is a ch	ieck for the I	following amount:					
□ \$25.00 Filir	ng Pee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (dadditional copy is enclosed)	60,00 Fili Certificate Certified ((additional c	e of Status Copy		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LET IT BE SWEETS CAFE LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .rability Company)
The Articles of Organization for this Limited Liability Company	were filed on 07/17/2017 and assigned
Florida document number <u>L17000152521</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
TAPIOCA HOUSE LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "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)	MA 6- AON 8182
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action □ Add ☐ Remove _ Change ☐ Remove ☐ Change €3 D∓Add JV Remove 1 _□ Remove □ Change □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

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<u>lote:</u> If the date inserted in this block	c does not meet i	the applicab	date of filing o le statutory fi	r more than 90 days ling requirements	after filing.) . this date w	Pursuai zill not	nt to 605 Fbe list	5,020° .ed as
ocument's effective date on the Depa	irlment of State	s records.						
e record specifies a delayed e The 90th day after the recor		, but not	an effectiv	e time, at 12:	01 a.m. o	n the	earlie	er o
ated NOVEMBER 05	·)18	. •					
				ive of a member				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00