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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120150000011 Phone : (344)386-0178 Fax Number : (214)317-4754

The state of the second address for this business entity to be used for future grannual report mailings. Enter only one email address please.**

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To: 18506176383 From: 12143052508 Date: 08/09/18 Time: 9:04 PM Page: 03/05

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUPOFMELLC			
(Name of the) Imited Lability (A Piorida I	Company as it now appears on or includ Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company were filed on MARCH 27, 2018 and assigned E18000078666			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limits	ed Highfility company here:		
The new name must be distinguishable and contain the words "Limits	nd Limbility Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>~</u>	
(Principal office address MUST BE A STREET ADDRE	25.5)	المين المين	
		2	
		٠	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
		0	
B. If amending the registered agent and/or registered agent and/or the new registered office addressed.		records, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Exter Florida stre	et address	
		, Florida	
	Clty	Zīp Code	
New Registered Ascut's Stepanare, If changing Registered.	Acest		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and cost accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my di ent as provided for in Chapte	ates, and I am familiar with and or 605, F.S. Or, if this document is	
	If Changing Registered Agent, 19	quanture of New Reststered Assets	

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

MGR = Manager AMBR = Anthorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	SARA SHEMARIA LEVY	2610 NE 213 STREET, UNIT 106	D Add
		AVENTURA, FL 33180	■ Remove
			Change
MGR	PATRICIA MORA	2610 NE 213 STREET, UNIT 106	B Add
		AVENTURA, FL 33180	☐ Remove
			C Change
AMBR SARA SHEMARI	SARA SHEMARIA LEVY	2610 NE 213 STREET, UNIT 106	Add
		AVENTURA, FL 33180	■ Remove
			C Change
MGR	JESSICA ILITZKY LOMBROZO	2610 NE 213 STREET, UNIT 106	= Add
		AVENTURA, FL. 33180	□ Remove
			O Change
			D Add
			☐ Remove
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			🗆 🗚
			C Remove
		 	O Change

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	ote: If the date inserted in this block does not meet the applicable statute	lling or more than 90 days after filing.) Pursuant to 645.11.07 (eary filing requirements, this date will not be listed as f
m effective dam is listed, the date must be specific and connect be prior to dam of filing or more than 90 days after filing.) Pursuant to 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	entinent's effective onto on the Department of Stillo's records.	
m effective date is listed, the date must be specific and connet be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
m effective data is listed, the date must be specific and connut be prior to data of filing or more than 90 days after filing.) Pursuant to 605.020 other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seasonant's effective data on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the cords.	ared August 01 2018	
in effective data is listed, the date must be specific and context be prior to data of filing or more than 90 days after filing.) Pursuant to 605.000 obe: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a neument's effective data on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled.	Signature of a member of authorized state	seatistive of a member
flective date, if other than the date of filing: on effective date is limit, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 days: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a neument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled. Signature of a member or authorized appreciative of a member		

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To: 18506176383 From: 12143052508 Date: 08/09/18 Time: 9:04 PM Page: 02/05 To: 12143174754 From: +Restricted Date: 08/09/18 Time: 10:03 AM Page: 01 8/09/18 1:03:50 PM PAGE 1/001 Fax Server



August 9, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

CUP OF ME LLC 2610 NE 213 STREET, UNIT 106 AVENTURA, FL 33180US

SUBJECT: CUP OF ME LLC REF: L18000078666

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H18000230740 Letter Number: 418A00016445

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