

L18000078666

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H180002307403ABCZ

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUP OF ME LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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AUG 13 2018

2018 AUG 10 AM 10:02
RE...

2018 AUG 10 PM 3:04

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CUP OF ME 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 MARCH 27, 2018 and assigned Florida document number L1800078666

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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

City

Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

Amw

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	SARA SHEMARIA LEVY	2610 NE 213 STREET, UNIT 106	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIA MORA	2610 NE 213 STREET, UNIT 106	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SARA SHEMARIA LEVY	2610 NE 213 STREET, UNIT 106	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA ILITZKY LOMBROZO	2610 NE 213 STREET, UNIT 106	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

pmw

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To: 12143174754 From: +Restricted Date: 08/09/18 Time: 10:03 AM Page: 01
850-617-6381 8/9/2018 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 refile the complete document, including the electronic filing cover sheet.

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

Page 1 of 3 did not print entirely, missing everything above document number and date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly
Regulatory Specialist II

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