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		ion of Cor								
SHB (FC**	т. (CARMELA	N'S BOCA, LLC		•					
SOBJEC	" ~	·	Name of Lin	nited Liability Co	ompany	·				
The enclo	sed /	Articles of	Amendment and fee(s) are sub	omitted for filir	ıg.					
Please reti	urn a	II correspo	ndence concerning this matter	to the following	ıg:					
			DANIEL COHEN							
				Name of	`Person	1		 -		
			PRIVCAP COMPANIES.	LLC						
				Firm/Co	empany					
			7200 W. CAMINO REAL	., SUITE 200						
				Addr	ress					
			BOCA RATON, FL 33433	3						
			·	City/State an	d Zip C	lode				
			DONNY@PRIVCAPCOM							
			E-mail address: ((to be used for fi	iture an	nual report notifi	cation)			
For furthe	er inf	ormation co	oncerning this matter, please c	all:						
DANIEL	COI	IEN		56 at (952-2501				
		Name of	f Person		a Code	Daytime	Telepho	ne Number		
Enclosed i	is a c	heck for th	ne following amount:							
■ \$25.0	00 Fi1	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Certific (addition	d Cop			\$60.00 Filing Certificate of Certified Co (additional cop	f Status & Py	
R 1. P	Regi Divi: P.O.	Box 632	Section orporations		Reg Divi The 241:	et Address: istration Sec ision of Corp Centre of Ta 5 N. Monroe ahassee, FL	oratio Illahas Street	see 📜	ZI APR 16 PI: II	THED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARMELA'S BOCA, LLC			
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number 1,20000315929		/06/2020 and assigne	d
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	on our records, enter the name of the new registered st. L.C. S. LLC AL. SUITE 200 Enter Florida street address Florida 33433 Zipcode	
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applied	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our r	records, enter the name of the new re	gistere
Name of New Registered Agent:	PRIVCAP COMPANIES, LLC		
New Registered Office Address:	7200 W. CAMINO REAL, SUIT	<u> </u>	
			G_{Δ}
	BOCA RATON City	Florida 33433	~ <i>D</i>
New Registered Agent's Signature, if changing	•	- 6	1
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of istered agent as provided for in (registered office address, I here	^r my duties, and I am familiar wit <mark>h a</mark> r Chapter 605, F.S. Or, if this docum <mark>e</mark> r	ηI

If Changing Registered Agent, Signature of New 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
MGR	KESSOCK, YITZCHAK	7320 ANDORRA PLACE	
		BOCA RATON, FL 33433	≅Remove
			□Change
MGR	FGM, LLC	7200 W. CAMINO REAL, SUITE 200	= Add
		BOCA RATON, FL 33433	□Remove
			Change
			□Add
			🗀 Remove
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ffective date, if other than the o	date of filing:		(ontional)	
ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior ack does not meet the applica	to date of filing or more tha	n 90 days after filing.)	Pursuant to 605.020
ocument's effective date on the De	partment of State's records.	tote statetary times requ	irements, this date	will not be fisted a
record specifies a delayed effective is filed.	date, but not an effective th	ne, at 12:01 a.m. on the	earlier of: (b) The	: 90th day after the
				70
ated	2021	_· _		21 A
	\cap \cap	(y 0		APR
	(\) \	1 U A J		
	Signature of a member or autho	rized representative of a m	ember .	0 11

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