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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|------------|
| SUBJECT: THREEFOLD CAFE, LLC | |
| Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Diana M Dubon | |
| Name of Person | |
| Threefold Cafe, LLC | |
| Firm/Company | |
| 777 Brickell Ave Ste 702 | |
| Address | S . 2 |
| Miami, FL 33131 | HAY |
| City/State and Zip Code | |
| dianadique@hotmail.com | . 88 × 0 € |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | FOR FI |
| Diana M Dubon 305, 746-7691 | 5 5 |
| Name of Person Area Code Daytime Telephone Number | |
| | |
| Enclosed is a check for the following amount: | |

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$60.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

| THREEFOLD CAFE, LLC. | | | | |
|---|--|---------------------------------------|---------------------------------------|----------------------|
| (Name of the Limited | Liability Company as it now apper Florida Limited Liability Company | ars on our records.) | | |
| (/, | Tiorica Emined Emonity Company | , | | |
| The Articles of Organization for this Limited Liab | ility Company were filed on _ | 02/25/2014 | and assig | gned |
| Florida document number L14000032474 | | | | |
| This amendment is submitted to amend the follow | ring: | | | |
| A. If amending name, enter the new name of the | ne limited liability company | here: | | |
| The new name must be distinguishable and end with the wor | rds "Limited Liability Company," th | ne designation "LLC" or the | e abbreviation "L. | L.C." |
| Enter new principal offices address, if applicab | le: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | · · · · · · · · · · · · · · · · · · · | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | <u>.</u> | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or | ~ | on our records, ente | · . 105 | f the new |
| registered agent and/or the new registered offic | e address nere: | | | Correction. |
| | | | A A A A A A A A A A A A A A A A A A A | _13 |
| Name of New Registered Agent: | | | <u> </u> | |
| New Registered Office Address: | | | 1736 - | ्र विकास |
| | Enter F | lorida street address | 100 TK | Secretary Be 90 f |
| | | , Florida _ | | *********** |
| | City | | : Lip 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|------------------|----------------|
| MGR | CHE SCOTT | 777 BRICKELL AVE | |
| | | STE 702 | ■ Remove |
| | | MIAMI, FL 33131 | |
| AMBR | TERESA SHARP | 777 BRICKELL AVE | ■ Add |
| · | | STE 702 | Remove |
| | | MIAMI, FL 33131 | |
| MGR | NICOLA MAZZA | 777 BRICKELL AVE | ■ Add |
| | • | STE 702 | □ Remove |
| | | MIAMI, FL 33131 | |
| MGR | CARMELA MAZZA | 777 BRICKELL AVE | = Add |
| | | STE 702 | Remove |
| | | MIAMI, FL 33131 | D. Na |
| | | | E D'Add |
| | | | Remove |
| | · | | SA Rempove |
| | | | |
| | | | □ Remove |
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| Effective date, if other than the date of filing: | (optional) |
|--|---------------------------------|
| | not ha mages them OO days after |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State) | not be more than 90 days after |
| | liot be more than 90 days after |
| May 14th -2014 / | not be more than 90 days after |
| the date this document is filed by the Florida Department of State) Dated May 14th , 2014 | / |

Page 3 of 3

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