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(Re	questor's Name)
(Ad	ldress)
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COVER LETTER

TO:	Registration Se Division of Cor			
•	MI COCIN	A CAFE LLC	•	
SUBJE	CT:			
		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	endence concerning this matter	to the following:	
		Euribiades Cerrud II, Esq.		
			Name of Person	
		The PCB Firm, P.A.		
			Firm/Company	
		14938 Hartford Run Drive		
			Address	
		Orlando, Florida 32828-783	36	
		PORT CIGITAL	City/State and Zip Code	
		PCBLaw@iCloud.com		
		E-mail address: (1	o be used for future annual repo	rt notification)
For furt	ther information c	oncerning this matter, please ca	all:	
Euribia	des Cerrud II, Esc] .	407 758-619	00
			at ()	
	Name o	f Person	Area Code D	aytime Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$ 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	<u>:ss:</u>
	Registration S		Registratio	
	Division of C	•		Corporations
	P.O. Box 632	27	The Centre	of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MI COCINA CAFE LLC

2023 JAN 25 AM 9: 07

(Name of the Limite	d Liability Company as it now appears on our rea	-9508E (4.5)/ 5E
(198the of the Linux	d Liability Company as it now appears on our rec A Florida Limited Liability Company)	TAILLAHASSEE, FI
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on	-
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Cocina Cafe LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office addres		ter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 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
			□Remove
			
			Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	be specific and can ock does not meet	the applicabl				g.) Pursuant to	
record specifies a delayed effective	: date, but not an e	effective time	e, at 12:01 a.m	a. on the earlie	rof:(b) T	he 90th day	after the
January 23		023	•				
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