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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : 120030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:		

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COUP D'ETAT, LLC

Certificate of Status	0
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K. SALY

NOV - 4 2022

### H220003770153

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

ARTI	T( CLES OF O Ol	) RGANIZATION F	and assigned
COUP D'ETAT, LLC			
(Name of the Limite	d Lisbility Compan A Florids Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L08000013642</u>	ability Company v	vere filed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designation "ELC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:	400 SUNNY ISLES BLVD., APT. 1604	
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES BEACH, FL 33160	
Enter new mailing address, if applicable:		400 SUNNY ISLES BLVD., APT. 1604	
(Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES BEACH, FL 33160	
B. If amending the registered agent and/or re agent and/or the new registered office address		idress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	JC BUSINESS S	OLUTIONS INC.	
New Registered Office Address: 7500 NW 25TH STREET, Suite 237		STREET, Suite 237	
<u>-</u>		Enter Florida street address	
	DORAL	, Florida <u>32122</u>	

#### 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.

City

if Changing Registered Agent, Signature of New Registered Agent

Change

 $H22000377015\ 3$  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	MAIDA BIGNON	3162 Commdore Plaza, Suite 1D	
		COCONUT GROVE, FL 33133	<b>■</b> Remove
			🗆 Change
MGR	Christina Barken	3162 Commdore Plaza, Suite 1D	□Add
		COCONUT GROVE, FL 33133	Remove
			□Change
MGR	MDE GASTRO, LLC	400 SUNNY ISLES BLVD APT 1604	<b>\equiv Ad</b> d
		SUNNY ISLES BEACH, FL 33160	□Remove
		<del></del>	□ Change
	<del></del>	1818 P. C. 1918 P. C.	DAdd TOV
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			□ Add
			Change
	<del> </del>		□Add
			□Remove

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Effective date, if (If an effective date is Note: If the date is document's effecti	listed, the date must b nscrted in this bloc	e specific and k does not m	cannot be prior cet the applic	to date of filing			g.) Pursuant to 605	
he record specifies a ord is filed.	delayed effective of	late, but not	an effective ti	ne, at 12:01 a.	m. on the earl	ier of: (b) T	he 90th day afte	r the
Dated October 31		,	2022					
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