L09000015988

(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
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DIVISION OF CORPORATIONS

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B. KOHR

DEC - 7 2009

EXAMINER

COVER LETTER

TO: Registration bivision of C				
SUBJECT:	Love	e Cafe, LLC		
-	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Ville Ailio Name of Person		330 60
		Love Cafe, LLC Firm/Company		DIVISION OF CORPORATIONS 09 DEC -3 AN IO: 15
		847 NE 83rd St Address		ັຫ ເ
		Miami, FL 33138 City/State and Zip Code	····	
	E-mail address: (v.r.ailio@gmail.com to be used for future annual report notif	fication)	
For further information	concerning this matter, please of	call:		
A4	Ville Ailio	at (<u>786</u>)	2398737	-
Name	of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed		Status &

MAILING ADDRESS:

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

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

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1	MA S

Love Ca	ife, LLC		1 93 A	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears	on our records.)	4 To	
(A Frontia Emilion I	suomy company)		5	
The Articles of Organization for this Limited Liability Company	were filed on	02/17/2009	and assigned	
Florida document number <u>L0900015988</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Love Contemp	porary, LLC			
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company	y," the designation "LLC	or the abbreviation	
Enter new principal offices address, if applicable:	847 NE 83rd S	L		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 3313	18		
Enter new mailing address, if applicable:	847 NE 83rd St			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3313	88		
D. IC., II., the median decorate and the median decorate			of the new	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ento	w Elouida atuaat adduga		
	Enter Florida street address			
	City	, Florida	7 in Code	
	(1/3)		ID COAP	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> **Type of Action Title** Name . ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 30th 2009 Signature of a member or authorized representative of a member Ville Ailio, MGRM
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00