L110000087533

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AND ANASSEE FLORID.

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COVER LETTER

FO: Registration Section Division of Corporations					
SUBJECT:	Zapateria La Elegar	ncia de la Victoria CA LLC			
		ed Liability Company			
The enclosed Arti	icles of Amendment and fee(s) are sub-	mitted for filing.			
Please return all c	correspondence concerning this matter	to the following:			
		Maria Francis Lopez			
		Name of Person			
		Firm/Company			
	2333 Brickell Avenue Suite D1				
		Address			
	Miami, FL, 33129 City/State and Zip Code				
	vin	vimato65@hotmail.com			
For further inform	E-mail address: (to	be used for future annual report notificationall:	n)		
		at () Area Code & Daytime Tele			
	Name of Person	Area Code & Daytime Tele	ephone Number		
Enclosed is a chec	ck for the following amount:				
√ \$25.00 Filing 1	Fee \$\Bigcup \\$30.00 \text{ 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 ADDRESS: Registration Section	STREET/COURIER A Registration Section Division of Corporation			

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

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zapateria La Elegancia de la Victoria CATALCAHASSEE, FLORIDA (A Florida Limited Liability Company as it now appears on our records.) SEE, FLORIDA

The Articles of Organization for this Limited Liability Company	were filed on	July 29-2011	and assigned
Florida document numberL11000087533			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	There—there is a second of the		
	Enter Florida street address		
	City	, Florida	Zip Code
New Desires and Assert Clause at the Land Co.	City		Lip Coae

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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action **Title** <u>Name</u> **Address** MGR Tony Vitale 2333 Brickell Avenue Suite D1 ✓ Add Miami, FL, 33129 Remove ☐ Add Remove ☐ Add ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Maria Francis Lopez

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Filing Fee: \$25.00

Typed or printed name of signee