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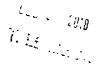
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2018 NOV -8 A 946



COVER LETTER

TO: Registration Sec Division of Corp				
subject:A	11 Decked Of Name of Limit	ut Cafe LLC ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	Vicia	Name of Person		
		Ficm/Company		
	1060 Du	Val Street NW		
	Live Oak	City/State and Zip Code	 	
	Vwatevs E-mail address: (1	7251 @ gmail. C	Omation)	
For further information co	oncerning this matter, please ca	AL:		
Vicial Name o	Waters FPerson	at (386) 208 49 Area Code Daytime T	555 or 386 326 Telephone Number	7752
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	5/560.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

FIII Deck	<u>ed out</u>	<u>Cate</u> LL	<u> </u>	
(Name of the Limited L (A.F	lability Company lorida Limited Lia	hility Company)	ur records, 1	
The Articles of Organization for this Limited Liabil	ity Company w	ere filed on		and assigned
Florida document number SEA71002	97.			
This amendment is submitted to amend the following	Jā;			
A. If amending name, enter the new name of the	e limited <u>ljabili</u>	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ition "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	: :			
Principal office address MUST BE A STREET A	<u>DDRESS)</u>		- 	
Enter new mailing address, if applicable:			— <u>∺</u>	
(Mailing address MAY BE A POST OFFICE BO.	<u>V)</u>		<u> </u>	
		 		
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our		ter the name of the n
Name of New Registered Agent:	Vicki	Waters		
New Registered Office Address:				
		Enter Florida sti	rect address	
_			, 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.

f Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMRR = A$	lanager .uthorized Member		
<u>Fitle</u>	Name	<u>Address</u>	Type of Action
			
			☐ Remove
			☐ Change
ncr	ROBIN RUMAN		
	v		ℤ Remove
			☐ Change
			Add
			☐ Remove
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			Change
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<u> </u>			Add
			Remove

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C Land Mark Transfer		

Page 3 of 3

Filing Fee: \$25.00