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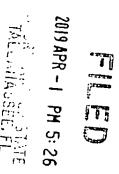
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G. PRATES.

COVER LETTEK

TO:	Registration Section Division of Corporations		
SUBJ	LA NUEVA ERA CAFE, LLC		
	(Name of Limite	d Liability Cor	npany)
The e	nclosed member, resignation or dissociat	ion and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
JULI	O CESAR CHEVALIER GERMAN		
	(Contact Person)		_
LA N	UEVA ERA CAFE, LLC		
	(Firm/Company)		_
3517	NW 17TH AVENUE		
	(Address)		_
MIAN	⁄II, FL 33142		
	(City/State and Zip Code)		_
For fu	irther information concerning this matter.	, please call:	
JULI	O CESAR CHEVALIER GERMAN	786	2220434
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: y Fee & Certified Copy
	EET/COURIER ADDRESS: tration Section		MAILING ADDRESS: Registration Section
•	ion of Corporations		Division of Corporations
Clifto	n Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA NUEVA ERA CAFE, LLC

(<u>Name of the Limi</u>	ited Liability Company as it now apper (A Florida Limited Liability Company	ears on our records. ()	
The Articles of Organization for this Limited L	iability Company were filed on	12/21/2012	and assigned
Florida document number L2000160394	<u> </u>		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	PR-I PM 5: 2
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
6. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			enter the name of the nev
	3517 NW 17TH AVENUE		
New Registered Office Address:		lorida street address	
	MIAMI	. Flo	rida 33142
	City		Zip Code
Mew Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register, provisions of all statutes relative to the propaccep; the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete performance i istered agent as provided for in registered office address. I her	of my duties, and a Chapter 605, F	I I am familiar with and .S. Or, if this document is

If amending Authorized Person(5) 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>	<u>Address</u>	Type of Action
MGR	DILENIA A. MALDONADO	1143 NW 112TH TERRACE MIAMI, FL 33168	□ Add
			■ Remove
			☐ Change
	JULIO CESAR CHEVALIER	3617 NW 17TH AVENUE	Change
MGR	GERMAN	MIAMI, FL 33142	■ Add
			□ Remove
		3617 NW 17TH AVENUE MIAMI, FL 33142	☐ Change
MGR	WILBER SANTANA		
			= Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
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		ng: 3/29//	of filing or more than 90	(optional) days after filing.) Pursu	ant to 605.020
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te: If the date inserted cument's effective date record specifies a he 90th day after marked MARCH 29	d in this block does not con the Department of delayed effective the record is filed Signature of	t meet the applicable st f State's records. date, but not an of the control of t	effective time, at	12:01 a.m. on th	
× 244	I in this block does not con the Department of delayed effective the record is filed	t meet the applicable st f State's records. date, but not an of the control of t	effective time, at a company to the company of a member of a membe	12:01 a.m. on th	e earlier o

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