L14000004358

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COVER LETTER

	istration Sec sion of Corp		
	Fort Lauder	dale Harbor Cufe, LLC	
SUBJECT:		Name of Lim	ited Liability Company
The enclosed	Articles of z	Amendment and fee(s) are sub	omitted for filing.
		ndence concerning this matter	
r tease return	an correspon	indence concerning and maner	to the Milowing.
		Abdullah Petek	
			Name of Person
		Fort Lauderdale Harbor Ca	ate LLC
			Firm/Company
			гине сопран у
		50 SE 3RD AVENUE	
			Address
		MIAMI, FL 33131	
			City/State and Zip Code
		SENJORI55@YAHOO.CC	
		E-mail address; (to be used for future annual report notification)
For further in	formation co	oncerning this matter, please ea	atl:
Abduilah Pe	tek		786 738-2881
	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a	check for th	e following amount:	
□ \$25,00 F	iling Fee	■ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & S60,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	ling Address		(O
_	gistration S		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		orporations	Division of Corporations
). Box 632 Iahassee, F		The Centre of Tallahassee 77 7 29 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fort Lauderdale Harbor Cafe, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.14000004358	were filed on 01-08-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C"
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 BON)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Wp Corporation City Corporation Cit
New Registered Agent's Signature, if changing Registered Agent:	

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
AMBR	PABLO AGUDELO	9245 CHELSEA DR N	□Add
		PLANTATION, FL 33324	■Remove
			□Change
AMBR	CAMILA VELEZ	9245 CHELSEA DR N	🗆 🗆 🗆 Add
		PLANTATION, FL 33324	■ Remove
			□Change
			
			Remove
			□Change
			□Add
		 	□Remove
			□Change
			ALLA IVA
			29
			□Remove

				 	
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	AL. 1 C.P114	July 24, 2024		.2	
ective date, if other than effective date is listed, the date	must be specific and ca	annot be prior to date of	f filing or more than 90 days		
e: If the date inserted in this ument's effective date on the	s block does not med e Department of Stat	et the applicable sta te's records.	utory filing requirements.	this date will not be liste	ed a
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cord specifies a delayed effe filed. July 24	ctive date, but not ar	r effective time, at 1	2:01 a.m. on the earlier o	f: (b) The 90th fday and	th
s filed.					:
July 24		2024			;)
ed	 -				
				H 25년 19	

Typed or printed name of signee