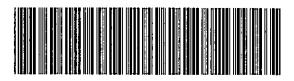
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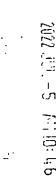
(Requestor's Name)
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COVER LETTER

Registration Section

Division of Corporations

TO:

OTHER PROPERTY.	CUBAN CAFE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MADELAYDIS PENA P	EREZ	
		Name of Person	
	EL PRADO CUBAN CA	FE	
		Firm/Company	
	25 MARTIN LUTHER KI	NG EAST BLVD	
		Address	
	BELLE GLADE, FL 3343	0	
		City/State and Zip Code	
	JORGE.CARO56@YAHO		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
MADELAYDIS PENA I	PEREZ	561 996-8285	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 301 -5 733 10: 47

EL PRADÓ CUBAN CAFE LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	- ,
The Articles of Organization for this Limited Liability Companiflorida document number $\frac{\text{L}14000170296}{\text{L}}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company." the designation "LLC" o	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 BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida 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.

If Changing Registered Agent, Signature of New 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	EFREN MARTINEZ	PO BOX 1376 BELLE GLADE, FL 33430	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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<u>ote:</u> 11 1	date, if other the date is listed, the date inserted its effective date of	in this block doe	s not meet the	applicable statut	ling or more than 90 ory filing requires	(optional) days after filing.) Punents, this date wil	suant to 605.02 not be listed a
record spring is filed.	pecifies a delayed	l effective date, b	out not an effec	etive time, at 12:)1 a.m. on the ear	lier of: (b) The 90	th day after th
	On		· 6/	93/202	12		
nted			(10)n'				

Filing Fee: \$25.00