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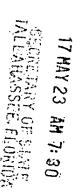
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COVER LETTER

	egistration Se vivision of Cor			
		USEPPES ILDIKO LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		ILDIKO MIZAK		
			Name of Person	
		UNCLE GIUSEPPES ILD	IKO LLC	
			Firm/Company	
		751 NW FEDERAL HIGH	HWAY	
			Address	
		STUART, FL 34994		
		- to - 100 -	City/State and Zip Code	
		ERIC@EHBPA.COM	to be used for future annual report noti	
East freehous	information a		_	neadon)
		oncerning this matter, please ca		
Name of Person		772 692-8584 at () Area Code Daytim	e Telephone Number	
	Tunio O		The court Bayana	t .
Enclosed i	s a check for th	ne 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)

MAILING ADDRESS: 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

UNCLE GIUSEPPES ILDIKO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/12/2015}{2}$ and assigned Florida document number L15000026562 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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
MGRM	MARIA DIPIAZZA	751 NW FEDERAL HIGHWAY	≅ Add
		STUART, FL 34994	□ Remove
			☐ Change
		·	Add
			Remove
	•		Change
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		w/	Remove
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fective date, if other than th in effective date is listed, the date mi	e date of filing: MA	Y 18, 2017		_(optional)		
in effective date is listed, the date minute: If the date inserted in this b	ist be specific and cannot lock does not meet the	be prior to date of the applicable statute	ling or more than 90 d ory filing requireme	ays after filing.) Purs ints, this date will i	suant to 605.0 not be listed	1207 l as
cument's effective date on the I	Department of State's i	records.				
record specifies a delaye The 90th day after the re		out not an effe	ctive time, at 1	2:01 a.m. on t	he earlier	of
MAY 18	201	7				
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee