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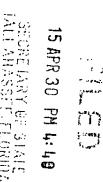
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COVER LETTER

TO:	Reģistration Se Division of Cor		The second secon	ž [*]	
CIIDI		A MAR DELI, LLC			
Name of Limited Liability Company					
The e	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please	•	ndence concerning this matter t	o the following:		
		J KENNETH TATE			
	•		Name of Person		
		TRR BAHIA MAR DELI,	LLC		
			Firm/Company	<u> </u>	
		1175 NE 125 STREET #10	2		
			Address		
		NORTH MIAMI FL 33161			
			City/State and Zip Code		
		KENNY@TATECAPITAL.			
		E-mail address: (to	o be used for future annual report notific	cation)	
For fu	irther information c	oncerning this matter, please ca	D:		
J KE	NNETH TATE		305 891-1107 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	ne following amount:			
■ \$2	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

TRR BAHIA MAR DELI, LLC			
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L15000064708	Company were filed on APRIL 13, 2015	and assigned	i
his amendment is submitted to amend the following:	······································		
A. If amending name, <u>enter the new name of the li</u>			
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg		the name of th	ıe n
egistered agent and/or the new registered office ac	ldress here:	15 1	
		APR	¥ĨĘ
Name of New Registered Agent:			F1022
New Registered Office Address:			7-1
	Enter Florida street address	52 : 5	- 0
	, Florida _		125
	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.

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
MGR	TRR DELI MANAGER, LLC	1175 NE 125 St #102	Add
		NORTH MIAMI FL 33161	☐ Remove
j.			☐ Change
MGR	TATE MANAGEMENT	1175 NE 125 St #102	Add
		NORTH MIAMI FL 33161	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add Remove
			PR 3 Change
			☐ Change
			Add
			☐ Remove
			П Change

it amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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<u> </u>		
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	> 0.	
Effective date, if other than the	e date of filing: (optional) = st be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0	
Note: If the date inserted in this bloom	lock does not meet the applicable statutory filing requirements, this date will not be listed	d.as
document's effective date on the De		
	d effective date, but not an effective time, at 12:01 a.m. on the carlie	
The 90th day after the reco	cord is filed.	
Dated APRIL 28	2015	
	M. 10 10 1	
	Signature of a member or authorized representative of a member	
J. KENNETH TATE		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00