# L150001488/0

| (Re                     | questor's Name)    |           |
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| (Cit                    | ty/State/Zip/Phone | : #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| <b>(</b> Bu             | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE

OCI 20 ZOIS

## **COVER LETTER**

| TO:  | Registration Section 🕡   |
|------|--------------------------|
| •••• | Division of Corporations |

| LEOPOID ( SUBJECT:          | CAFE LLC                                   |   |   |                   |            |
|-----------------------------|--|---|---|-------------------|------------|
| JOBOLET.                    | Name of Limi                               | ted Liability Company   |   |                   |            |
|                             | ,  |   |   |                   |            |
| The enclosed Articles of A  | Amendment and fee(s) are subr              | nitted for filing.  |   |                   |            |
| Please return all correspon | ndence concerning this matter t            | o the following:  |   |                   |            |
|                             | FARZAD JEHANI                              |   |   |                   |            |
|                             |  | Name of Person  |   | -                 |            |
|                             |  | Firm/Company  |   | -                 |            |
|                             | 11384 SW 151ST PATH                        | cop,  |   |                   |            |
|                             | MIAMI FL 33196                             | Address   | SEC   | 2015              |            |
|                             |  | City/State and Zip Code   | RE IA A   | 001               | - Carriera |
|                             | farzadjeh@gmail.com  E-mail address: (to   | o be used for future annual report notification)                      | - F   | . <b>o</b> .<br>⊳ |            |
| For further information co  | oncerning this matter, please ca           | •   | STATE   | II: 2             | O          |
| FARZAD JEHANI               |  | 786 314-1116  | <b>T</b>  | 73                |            |
| Name of                     | Person                                     | Area Code Daytime Telephor  | ne Number   |                   |            |
| Enclosed is a check for th  | e 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 Fi<br>Certifica<br>Certified<br>(additional | te of St<br>Copy  | atus &     |

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

| LEOPOID CAFE LLC   |  |                          |                   |
|--|--|--------------------------|-------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Florid                | lity Company as it now appears on<br>la Limited Liability Company) | our records.)            | <del></del>       |
| The Articles of Organization for this Limited Liability        | Company were filed on AUGU   | JST 31ST 2015            | and assigned      |
| lorida document number L15000148810                            | ·  |                          |                   |
| his amendment is submitted to amend the following:             |  |                          |                   |
| . If amending name, enter the new name of the lin              | nited liability company here:                                      |                          |                   |
| EOPOLD CAFE LLC  |  |                          |                   |
| he new name must be distinguishable and contain the words "Lin | mited Liability Company," the design                               | nation "LLC" or the abbr | eviation "L.L.C." |
| nter new principal offices address, if applicable:             |  | <u> </u>                 |                   |
| Principal office address MUST BE A STREET ADD                  | RESS)  |                          |                   |
|  |  | . 7A. 21                 | 2                 |
|  |  | EC 3                     | *****             |
| nter new mailing address, if applicable:                       |  | OCT I                    | ementar :         |
| ,  |  | 13SE                     | 1                 |
| Mailing address MAY BE A POST OFFICE BOX)                      |  |                          | - <del>[1]</del>  |
|  | <del></del>  |                          |                   |
| TC 13 12 14 14 14 14 14 14 14 14 14 14 14 14 14                |  | 24 1                     | 0.4               |
| . If amending the registered agent and/or regi                 |  | ir records, enteroti     | ie name of the r  |
| Asserted agent and/or the new registered office and            | <u> </u>   |                          |                   |
| Name of New Positional Assure.                                 |  |                          |                   |
| Name of New Registered Agent:                                  |  |                          |                   |
| New Registered Office Address:                                 | ··· · · · · · · · · · · · · · · ·                                  | <u> </u>                 |                   |
|  | Enter Florida s  | street address           |                   |
|  |  | , Florida                |                   |
|  | . 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 |
|--------------|-------------|--------------|---------------------------------------|----------------|
|              |             | <del></del>  |                                       |                |
|              |             |              |                                       | Remove         |
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| Effective date, if other than the date of filing:  an effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lote; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Signature of a member or authorized representative of a member |                         |                                | <del> </del>                     |                         |             |                 | <del> </del> |             |              | <del></del> |              |      |
|---|-------------------------|--------------------------------|----------------------------------|-------------------------|-------------|-----------------|--------------|-------------|--------------|-------------|--------------|------|
| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  The 90th day after the record is filed.   |                         | •                              |                                  |                         |             |                 |              |             |              |             |              |      |
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| fective date, if other than the date of filing:  (optional)  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as bournent's effective date on the Department of State's records.  The 90th day after the record is filed.   |                         |                                |                                  |                         |             |                 |              |             |              |             |              |      |
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| fective date, if other than the date of filing:   |                         |                                |                                  |                         |             |                 |              |             |              | <b>3</b>    | <del></del>  |      |
| fective date, if other than the date of filing:   |                         |                                |                                  |                         |             |                 |              |             | וע על        |             |              |      |
| fective date, if other than the date of filing:   |                         |                                |                                  |                         |             |                 |              |             | <del> </del> |             | an extra     |      |
| fective date, if other than the date of filing:   |                         |                                |                                  |                         |             |                 |              |             | E-CF         | )>          |              |      |
| fective date, if other than the date of filing:   |                         |                                |                                  |                         |             | *· · · <u>-</u> |              |             | 10.1<br>71.S | =           | J            |      |
| fective date, if other than the date of filing:   |                         |                                |                                  | <u> </u>                |             |                 |              |             |              |             |              |      |
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| The 90th day after the record is filed.   | ın effecti<br>ote: If 1 | ve date is listed, the         | ne date must be<br>in this block | specific and does not a | d cannot b  | applicable      |              |             | days after f | iling.) Pu  |              |      |
| Farzad S Jehan<br>Signature of a member or authorized representative of a member  | recor                   | d specifies a<br>)th day after | delayed e<br>the record          | ffective o              | date, bu    | ut not ar       | effective    | e time, at  | 12:01 a.     | m. on       | the earlie   | er o |
| Farrad S Scham Signature of a member or authorized representative of a member   | The 9(                  |                                |                                  |                         |             |                 |              |             |              |             |              |      |
| Signature of a member or authorized representative of a member  |                         |                                |                                  |                         | ,           | ·               |              |             |              |             |              |      |
|   |                         | <del></del>                    | (                                | arrad                   | , <u> </u>  | Jehan           | ù            |             |              |             |              |      |

Page 3 of 3

Filing Fee: \$25.00