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SLURLINKY OF STATE TALLAHASSEE, FLORIDA

S. WARREN

MAR 1 6 2018

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FIUSZION Resto CAFFE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harold Leiva Name of Person
Corner-Sports Bor & Grill Firm/Company
1671 NE 175th 5t. Address
N. Mia Hi FL 33162 City/State and Zip Code
Corners ports bar grill 2 amail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harold Leiva at (786) 359-8965  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Status Status Status Certificate of Status (additional copy is enclosed)  \$55.00 Filing Fee & Status

### 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

(Name of the Limited Liability Compan (A Florida Limited Li	AFFE LLC
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on November 16 2015 and assigned
Florida document number <u>L 15000 193 237</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1671 NE 175# st.
(Principal office address MUST BE A STREET ADDRESS)	N. Hiami Beach, FL 33162
Enter new mailing address, if applicable:	1671 DE 175th st.
(Mailing address MAY BE A POST OFFICE BOX)	N. Miami Beach FL 33162
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Chy Esp Coul
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publications of the registered office a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this desiment is

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	Juan Manuel Angarit	ra 916 N. 26th Ave	Add
		Hollywood, FL 33020	Remove
	V.		Change
MGR	Pablo Manuel Hartin	102 1671 NE 175th St.	<b>X</b> Add
		N. Hiami Beach, FL 3311	o 2 □ Remove
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Filing Fee: \$25.00