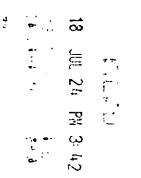
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S. PRATHER

COVER LETTER

Division of Corporations
SUBJECT: Tipico Cafe Latino 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:
Leslie Cirilo Marte Name of Person
Firm/Company
5316 San Sebastian Way
Bockledge FL 32955 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Xes/ie Cirilo Marte at (321) 9/4-5282 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tipico Cafe Lati	ino LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	
Florida document number 1600006751.	
This amendment is submitted to amend the following:	24
A. If amending name, enter the new name of the limited lia	ibility company here:
Tipico Cafe Latino LLC	
The new name must be distinguishable and contain the words "Limited Lia"	bility 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)	566 barton blud ste 1 Rockledge, FL , 32955
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	566 bulton blud ste 1 Rockledge FL 32955
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent: Vestice	Cirilo Marte
New Registered Office Address: 566	Enter Florida street address
Q rx V l	0d00 800 32955

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	Jaquelina Romero	1034 Ormand Lane				
		•	Apt 206 Rockledg. FL. 3245:	5_□ Remove			
		٨ ١٦		Change			
0	-truster	Anthony Romero	566 barton blud st:	<u>↓</u> □ Add			
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Filing Fee: \$25.00