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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	е)
(D	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
avm a	Downtown	Eats LLC		
SUBJEC	:T:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Adam Hughes		
			Name of Person	
		Downtown Eats LLC		
			Firm/Company	
		133 NE 2nd Avenue #LP07	7	
			Address	
		Miami, FL 33132		
		downtowneatsllc@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report no	otification)
For furthe	er information c	oncerning this matter, please ca	ıll:	
Adam H	ughes		917 539-9577	
	Name o	f Person	at ()	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

Downtown Eats LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	February 29, 2016 and assigned
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	en's
Principal office address MUST BE A STREET ADDRESS)	to the second second
	The field of the second of the
	52 · J
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	20 RID RID
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	Slorida 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
MGR	Demetrio Lomas	133 NE 2nd Avenue LP07	■ Add
		Miami, FL 33132	
			Remove
			Change
MGR	Karina Iglesias	133 NE 2nd Avenue #2411	Add
	,	Miami, FL 33132	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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ctive date, if other effective date is listed en the date insert ament's effective date.	ed in this blo	ock does no	t meet the a	pplicable state	filing or mo utory filing	re than 90 d requireme	_ (option : ays after fili nts, this da	al) ing.) Pursi ate will n	uant to 605 not be list
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A		,	2016						
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April 28 d	 ,	Signature of	a member or	authorized rep	resentative o	of a member			Photograms
April 28 d		Signature of Ar	amember or	authorized rep		of a member			

Page 3 of 3

Filing Fee: \$25.00