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COVER LETTER

Division of Cor	porations			
SUBJECT: <u>Carik</u>	bean Bites A	ND Delights 1	LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Rodne	Nalien		
		Name of Person		
		Firm/Company		
	P.O. Box 8	R16748		
	1.01.50	Address		
	/Anning	City/State and Zip Code * LS and delights at to be used for future annual report notification.	31	
		City/State and Zip Code		
	caribbeanbi	ks and delights a	ANOV-8 AN IO: US CTELEPHONE Number 10: US	_
			nication)	
For further information c	oncerning this matter, please c	all:		П
Rodne	Malien	at (<u>786</u>). 487 Area Code Daytime	6178 5	C
Name o	Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

Paribbean Bites as	bility Company as it now appears on our records.) orida Limited Liability Company)
	•
The Articles of Organization for this Limited Liabilit Florida document number <u>L/6000459</u>	y Company were filed on $3/4/206$ and assigned 94 .
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the Carlbbean Bites & I he new name must be distinguishable and contain the words "	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or r	egistered office address on our records, enter: the name of the new
registered agent and of the	8
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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
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			Remove
			Change
			Change
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			Add Bemove O. Company
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Page 3 of 3

Filing Fee: \$25.00