116000103289

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

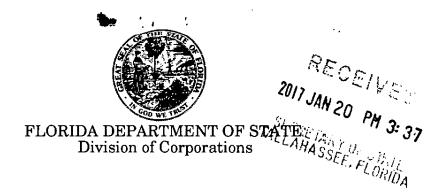


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December 22, 2016

NICOLAS GARCIA 245 NE 14TH ST UNIT 102 MIAMI, FL 33132

SUBJECT: LATIN BANANAS RESTAURANT AND LOUNGE LLC

Ref. Number: L16000103289

We have received your document for LATIN BANANAS RESTAURANT AND LOUNGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 716A00027237

COVER LETTER

| TO: Registration Sect Division of Corpo | prations |
|--|---|
| SUBJECT: LATI | Name of Limited Liability Company |
| The enclosed Articles of Ar | mendment and fee(s) are submitted for filing. |
| Please return all correspond | dence concerning this matter to the following: |
| | Nitolas Garcia Name of Person |
| | Name of Person |
| | SINCERE RELATIONS MANAGEMENT COMPANY Firm/Company |
| | Firm/Company |
| | 245 NE 14th St Unit 102 |
| | |
| | MiAmi, FL 33/32 City/State and Zip Code |
| | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further information con | cerning this matter, please call: |
| Nicolas 1 | Carcia at 9/4 552.9820 Person Area Code Daytime Telephone Number |
| Name of P | erson Area Code Daytime Telephone Number |
| Enclosed is a check for the | following amount: |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

N BANANAS RESTAURANT AND LOUNGE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:

"FLOATER WORK APP UC

The new name must be distinguishable and common words "Limited Liability Company," the designation "LLC" or the abbreviation "LLG" 245 NE 14th St Suite 100 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Nicolas Garcia 245 NE 14th St Suite 102-Enter Florida street address Name of New Registered Agent: New Registered Office Address: MIAMI Florida 33/32

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 Type of Action **Title** Name 245 NE 14th St Suite 102 Add NICOLAS GARCIA MGK MiAmi FL 33/32 SINCERE RELATIONS ☐ Change MANAGEMENT COMPANY 245 NE 14th St Svite 102 - Add MGR MIAMI DFL 33/32 PRemove □ Change □ Add □ Remove Ghange ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|---|----------|
| MY lawyer make a mistake when he | |
| Filek Sincere Relations Management Company, LLC | |
| Owner of Latin Bananas Restaurant and Lounge, LLC | |
| As the Owner of Both LLC'S I would Like | |
| to change the owner, NAME & Alkress of | |
| Latin Bananas Kestaurant and Lounge. LLC to Myself | |
| Nicolas Garcia as Owner, New Name FLOATER and | |
| 245 NE 14th St Suite 102 Miami FL 33132 as the | |
| New address, same yeldress different swite #, if | |
| you have any more guestions flease feel free | |
| to Call me at (914) 5529820, Thanks in Advance. | |
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| | |
| E. Effective date, if other than the date of filing: (If 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. | |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed. | f: |
| Dated | |
| Signature of a member or anthorized representative of a member No Cola S Carcia | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00