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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Divi | ision of Corp | orations | | |
|----------------|---------------|--|---|--|
| SUBJECT: | La Cueva Ba | ar Brickell LLC | | |
| JODG DOTT | | Name of Limit | ed Liability Company | |
| | | | | |
| The enclosed | Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please return | all correspon | dence concerning this matter to | o the following: | |
| | | Marlon B Mejia | | |
| | | | Name of Person | |
| | | La Cueva Bar Brickell LLC | | |
| | | | Firm/Company | |
| | | 175 SW 7th Street Suite 21 | 15 | |
| | | | Address | |
| | | Miami, FL 33130 | | |
| | | | City/State and Zip Code | |
| | | finsolcorp@gmail.com | | |
| | | E-mail address: (to | be used for future annual report notification | tion) |
| For further in | formation cor | ncerning this matter, please cal | l: | |
| Marlon B Me | ejia | | 305 300-1681 | |
| | Name of i | Person | at ()Area Code Daytime Te | elephone Number |
| | | | | |
| Enclosed is a | check for the | following amount: | | |
| \$25.00 Fi | ling 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:

TO:

Registration Section

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

| La Cueva Bar Brickell LLC | | | | |
|--|--|--|-----------------------------|--|
| (Name of the Limited L (A F | <mark>Liability Company</mark> Florida Limited Lia | as it now appears o bility Company) | n our records. |) |
| The Articles of Organization for this Limited Liabil Florida document number | | ere filed on06/03 | 3/2016 | and assigned |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | e limited liabili | ty company here | : | |
| The new name must be distinguishable and contain the words | s "Limited Liability | Company," the design | gnation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | | | ···· |
| (Principal office address MUST BE A STREET A | ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u>)X)</u> | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ce address on o | ur records, | enter the name of the nev |
| Name of New Registered Agent: | | | _ | |
| New Registered Office Address: | | | | |
| | | Enter Florida | street address | |
| _ | | | , Flor | ida |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing Regi | istered Agent: | | | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha | and complete po red agent as pro istered office ac | erformance of my ovided for in Cha | duties, and opter 605, F | I I am familiar with and S. Or, if this document is |

If Changing Registered Agent, Signature of N

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

| Title | Name | Address | Type of Action |
|-------------|----------------------|-------------------|----------------------|
| MGR | Hernandez, Anselmo V | 175 SW 7th Street | |
| | | Suite 2115 | Remove |
| | | Miami, FL 33130 | Change |
| MGR | Sanchez, Manuel | 175 SW 7th Street | Add |
| | | Suite 2115 | Remove |
| | | Miami, FL 33130 | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | - | Add |
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| | 11/09/2016 | | | |
| ective date, if other than the date effective date is listed, the date must b | ate of filing: | date of filing or more than | (optional) 90 days after filing.) Purs | uant to 605.0 |
| te: If the date inserted in this block ument's effective date on the Depter of the Dep | k does not meet the applicab | le statutory filing requir | ements, this date will r | not be listed |
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| record specifies a delayed e | | an effective time, a | t 12:01 a.m. on tl | he earlier |
| he 90th day after the recor | d is filed. | | · · · · · · · · · · · · · · · · · · · | |
| , November 9th, | 2016 | | 2816 M | 71 |
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| si | ignature of a member or authorize | zed representative of a mer | | |

Page 3 of 3

Filing Fee: \$25.00