## 116000108043

(Re	equestor's Name)	
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D. SCOTT JAN 1 1 2017

## **COVER LETTER**

Division of Cor			
L&M TRA	DING GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	MARIO A. CARPIO		
		Name of Person	
		Firm/Company	
	1705 SALERNO CIRCLE	3	
		Address	
	WESTON, FL 33327		
	andrecarpio_1@hotmail.com	City/State and Zip Code m	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	超量型
MARIO A. CARPIO		954 592-7633 at ()	5 TE
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
MAIL	INC ADDRESS	STREET/COURIE	'R ADDRESS

MAILING ADDRESS: 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

L&M TRADING	GROUP, L		
(Name of the Limited Liability (A Florida Li	Company as it now appe imited Liability Company	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Con		6/3/16	and assigned
Florida document number L16000108043	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	here:	
ORANGE CITY CAFE, LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	SS)		
Enter new mailing address, if applicable:	·	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			FS
•			
B. If amending the registered agent and/or register		on our records,	enter the name of the ne
registered agent and/or the new registered office addres	ss here:		
			23 4
Name of New Registered Agent:	<del></del>	·····	<u> </u>
Navy Boristanad Office Address			
New Registered Office Address:	Enter Fl	orida street address	
		, Flori	đa
	City	, r tore	Zin 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
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ctive date, if other than	the date of filing:		_ (optional)
effective date is listed, the date	e must be specific and cannot be prior to is block does not meet the applicab	date of filing or more than 90 d	lays after filing.) Pursuant to 605.
iment's effective date on the	ne Department of State's records.	, <u>-</u>	······································
ecord specifies a dela	ayed effective date, but not	an effective time, at 1	2:01 a.m. on the earlie
ne 90th day after the	record is med.		38 3
.a 1/5	2017		M SEE
ed		7	
<b>,</b>		1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00