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COVER LETTER

	Registration Sec Division of Corp				
CITO ITA		CAT CAFA, LLC			
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspon	idence concerning this matter	to the following:		
		KARINA GOLDENBERG)		
			Name of Person		
		STARCATS CAFE, LLC			
Firm/Company					
		11131 NE 9TH CT			
Address					
		BISCAYNE PARK, FL 33	1161		
			City/State and Zip Code		
		KFGOLDENBERG@YAH			
		E-mail address: (to be used for future annual report notific	cation)	
For furth	ner information co	oncerning this matter, please ca	all:		
KARIN	A GOLDENBER	G	305 298-8346 at ()		
-	Name of	Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e 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)	

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



HI KITTY CAT CAFA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L16000109827	were filed on <u>06/07/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
STARCATS CAFE, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
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)		1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addres	3
	, Fl	orida
New Registered Office Address:		
	City , FI	orida Zip Code

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 $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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an effective d	date is listed, the date must	be specific and car	mot be prior to da	te of filing or more	than 90 days after i	filing.) Pursuant to 605.02
	date inserted in this blo effective date on the De			statutory ming re	quirements, this	date will not be listed
	specifies a delayed		e, but not an	effective time	e, at 12:01 a	m. on the earlier
	day after the reco	rd is filed.				
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The 90th		•	2016			
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Page 3 of 3

Filing Fee: \$25.00