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| SUBJECT: | ADELINA | 'S RESTAURANT AND BAR | KERY, LLC | | |
| Sebale 1. | | Name of Lin | nited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | VIRGINIA VILLA | | | |
| | | | Name of Person | | - |
| | | | Firm/Company | | - |
| | | 2876 SE EVERGREEN A | VE | | |
| | | | Address | · | |
| | | STUART, FL 34997 | | | _ |
| | | | City/State and Zip Code | ; | |
| For further in | formation c | E-mail address: oncerning this matter, please c | (to be used for future annua | Treport notification) | 2016 301 12 |
| DAVID RIV | ERA | | 772 28 | 84-2077 | 5 |
| Englosed is a | Name o | f Person de following amount: | Area Code | Daytime Telephone Number | P 2: 43 |
| ■ \$25.00 Fi | | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee Certified Copy (additional copy is en | Certifica pelosed) Certified | te of Status & |
| | Registra Divisio P.O. Bo | ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314 | Registra Division Clifton I 2661 Ex | T/COURIER ADDRESS: ation Section of Corporations Building secutive Center Circle ssee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADELINA'S RESTAURANT AND BAKERY, LLC

| (Name of the Limited Liability (A Florida L | Company as it now appears on our records. imited Liability Company) |) |
|---|---|---------------------------------|
| The Articles of Organization for this Limited Liability Corollarida document number $\frac{L16000121487}{L16000121487}$ | mpany were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limite</u> | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| <u>Principal office address MUST BE A STREET ADDRE</u> | <u></u> | |
| Enter new mailing address, if applicable: | | (7) (7) (7) (7) (7) (7) (7) (7) |
| Mailing address MAY BE A POST OFFICE BOX) | | 5 N |
| B. If amending the registered agent and/or registe egistered agent and/or the new registered office addre | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | idaZıp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|-----------------------|-------------------------------|
| AMBR | ALICIA SALGADO | 2876 SE EVERGREEN AVE | |
| | REMOVE | STUART, FL 34997 | Remove |
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Filing Fee: \$25.00