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| PICK-UP                 | ☐ WAIT            | MAIL      |
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| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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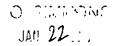
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## **COVER LETTER**

| Div           | ision of Corpo  | orations                                     |   |  |
|---------------|-----------------|--|---|--|
| SUBJECT:      | FOOD 305 I      | ATAM LLC                                     |   |  |
| SOBSECT.      |                 | Name of Limit                                | ed Liability Company  |  |
|               |                 |  |   |  |
| The enclosed  | d Articles of A | mendment and fee(s) are subm                 | nitted for filing.  |  |
| Please return | all correspond  | dence concerning this matter to              | o the following:  |  |
|               |                 | CLAUDIO NOVEBACI                             |   |  |
|               |                 |  | Name of Person  |  |
|               |                 |  |   |  |
|               |                 |  | Firm/Company  | <del></del>  |
|               |                 | 1680 MICHIGAN AVENUE S                       | SUITE 700   |  |
|               |                 |  | Address   | <u> </u>   |
|               |                 | MIAMI BEACH, FL 33139                        |   |  |
|               |                 | adm.dept.mn@gmail.com                        | City/State and Zip Code   |  |
|               |                 | E-mail address: (to                          | be used for future annual report notific                            | ation)   |
| For further i | nformation cor  | ncerning this matter, please cal             | II:   |  |
| CLAUDIO       | NOVEBACI        |  | 305 7772268   |  |
|               | Name of I       | Person                                       | Area Code Daytime T   | Telephone Number   |
| Enclosed is   | a check for the | following amount:                            |   |  |
| ■ \$25.00 I   | 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) |

TO:

Registration Section

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

| FOOD 305 LATAM LLC   |  |
|--|--|
| (Name of the Limited Liability Company as it now appe<br>(A Florida Limited Liability Company)   | ars on our records.)                           |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{16000147140}{1}$ .                          | 8/05/2016 and assigned                         |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability company l   | here:  |
| COCONUT GROVE 305 LLC  | <3   |
| The new name must be distinguishable and contain the words "Limited Liability 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)  |  |
|  |  |
|  | ·<br>-5  |
| 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 of registered agent and/or the new registered office address here:  Name of New Registered Agent: | on our records, enter the name of the          |
| New Registered Office Address:   |  |
| Enter Fl   | lorida street address                          |
|  | , Florida                                      |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the effective date is listed, the date in tee. If the date inserted in this | nust be specific and cannot be pri           | or to date of filing or more that | (optional)<br>in 90 days after filing.) I    | Pursuant to 605.0 |
| nument's effective date on the   | Department of State's record                 | ds.                               | mements, and date w                          | m not be note.    |
| record specifies a delay<br>he 90th day after the re   | red effective date, but r<br>ecord is filed. | not an effective time,            | at 12:01 a.m. o                              | n the earlie      |
| January 14   | , 2019                                       | — be/                             |  |                   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00