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Office Use Only

# **COVER LETTER**

| TO:       |         | tration Secion of Corp |  |   |  |
|-----------|---------|------------------------|--|---|--|
|           |         | ∎<br>SUPREME (         | COFFEE SHOP LLC                              |   |  |
| SUBJEC    | CT: _   |                        | Name of Lim                                  | ited Liability Company  |  |
| The encl  | losed A | Articles of A          | mendment and fee(s) are sub                  | mitted for filing.  |  |
| Please re | eturn a | ll correspon           | dence concerning this matter                 | to the following:   |  |
|           |         |                        | NANCY DIAZ                                   |   |  |
|           |         |                        |  | Name of Person  |  |
|           |         |                        | SUPREME CAFETERIA                            | LLC   |  |
|           |         |                        |  | Firm/Company  | <del></del>  |
|           |         |                        | 2650 ALI BABA AVENU                          | ΙE  |  |
|           |         |                        |  | Address   | <del></del>  |
|           |         |                        | OPA LOCKA, FL 33054                          |   |  |
|           |         |                        |  | City/State and Zip Code   |  |
|           |         |                        | odalys@aatsparra.com                         |   | T SEC  |
|           |         |                        | E-mail address: (                            | to be used for future annual report notification                    | 四 经 图 图 四  |
| For furth | er info | ormation co            | ncerning this matter, please ca              | all:  | 30 LE  |
| NANCY     | / DIA   | Z                      |  | 786 333-0086<br>at ()   | CRETARY OF STATE   |
|           | -       | Name of I              | Person                                       | Area Code Daytime Tele  | phone Number 07 7 5  |
| Enclosed  | is a c  | heck for the           | e following amount:                          |   |  |
| □ \$25.   | 00 Fili | ng 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

SUPREME COFFEE SHOP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 14, 2016 and assigned Florida document number \_L16000172200 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUPREME CAFETERIA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

Florida

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

| AMBK =  | Authorized Member |             |                     |  |
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| ffective date if ot                             | her than the date of filing: SEPTEMBER 14, 2016 (optional)   |
| an effective date is list ote: If the date inse | ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 erted in this block does not meet the applicable statutory filing requirements, this date will not be listed a date on the Department of State's records. |
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|   | es a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the record is filed.  |
| ated MARC                                       | L 29 20 M.   |
| <del></del>                                     | Signature of a member or authorized representative of a member   |
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Page 3 of 3

Filing Fee: \$25.00