## L110000077616

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor					
UM Cafe L	LC				
SUBJECT:	Name of Lin	aited Liability Company			
The analoged Actions of	Amendment and fee(s) are sub	amitted for filing			
	ondence concerning this matter				
	Alys Muro				
		Name of Person			
	UM Cafe LLC				
		Firm/Company			
	15500 New Barn Road, St	e 104			
		Address	<del></del>		
	Miami Lakes, FL 33014				
		City/State and Zip Code			
	alys@thecafegroup.net				
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	concerning this matter, please o	all:			
Alys Muro		305 823-2469			
Name o	of Person		ne Telephone Number		
Enclosed is a check for the	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)		
Mailing Addres		Street Address:	action		
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UM Cafe LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 04/06/2017	and assigned
lorida document number L17000077616	<del></del> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
		2
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Principal office address MUST BE A STREET ADDI	RESS)	22
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26 P-11-		39
nter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registe
gent and/or the new registered office address here.		
N CN Della d'Assau		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	City	Zip 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DAVID PINA	15500 New Barn Road, Ste 104	□Add
		Miami Lakes, FL 33014	≣Remove
			□ Change
			□Add
			□ Rеточе
			□Add
			□Remove
			☐ Change
			Remove
			Change
			Change
			□Add
			□Remove
			∏Change

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		2022		
tive date, if other than the	e date of filing: May 18, 1		(optional)	Pursuant to 605.03
: If the date inserted in this b ment's effective date on the D	lock does not meet the app	licable statutory filing	requirements, this date w	ill not be listed
ord specifies a delayed effectiv filed.	ve date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after tl
d <u>May 18</u>	, 2023	<del>\[ \langle \] \]</del>		
	/ V)/ V			

Typed or printed name of signee