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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HISPANUSA INC

Account Number : I20070000099

: (954)478-2706

Fax Number

: (954)934-0334

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MI BUENOS AIRES CAFE & BAKERY LLC

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Registration Se Division of Cor			
		OS AIRES CAFE & BAKERY	LLC	
SUBJE	CI:	Name of Limit	ted Liability Company	
The end	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	indence concerning this matter t	o the following:	
		лмена f costa		
			Name of Person	
		MGR		
			Firm/Company	
		18947 ADAGIO DR		
			Address	
		BOCA RATON, FL 33498		
			City/State and Zip Code	
		INFO@HISPANUSA.COM		fication)
For fur	ther information (concerning this matter, please ca		,
	IA F COSTA		561 921-7346	
		of Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	the following amount:		
≣ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee pe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI BUENOS AIRES CAFE & BAKERY LLC	nany as it now annears on our records.)	
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>05/04/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" o	r 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) B. If amending the registered agent and/or registered office	e address on our records, enter th	ne name of the new registered
agent and/or the new registered office address here:		美元 23
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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 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
AMBR	CARLOS GUSTAVO COSTA	18947 ADAGIO DR	
		BOCA RATON, FL 33498	□Remove
			□ Change
	<u></u>		
			□Remove
			Change
			□Add
			□Remove
			□ Add
		Remove	
			© Change
			□Remove
			Change
			□Remove
			🗀 Change

DocuSign Envelope ID: A64CC4D2-67E4-4F72-894C-1C56910C5E18

A1 10111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
•	
-	
•	
Note:	tive date, if other than the date of filing: (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as neat's effective date on the Department of State's records.
e reco	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed.
Dates	
	Docu Signed by:
	Signature of a member of authorized apparezutative of a member
	JIMENA F COSTA

Filing Fee: \$25.00