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	Robbie's S	pot at Floral Street, LLC		· · · · · · · · · · · · · · · · · · ·
Dis SUBJECT: The enclose Please return	:	Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n ail correspo	ondence concerning this matter	to the following:	•
		Edward J. Robinson		
		-	Name of Person	
		Robbie's Spot at Floral Str	reet, LLC	
			Firm/Company	
		1975 NW 179 STREET		
		· · · · · · · · · · · · · · · · · · ·	Address	
		MIAMI GARDENS, FL 3	3056	
		eerobi55@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further i	information o	concerning this matter, please c	all:	
Edward J R	obinson		305 904 -1838	
at ()			e Telephone Number	
Enclosed is	a check for the	he following amount:		
□ \$25.00 l	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 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

Robbie's Spot at Floral Street, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 09/29/2017 and assigned.			
Florida document number L17000202025				
This amendment is submitted to amend the following:	` `			
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	662 Floral Street			
	Tallahassee, FL 32310			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
		 	Add
		-	□ Remove
			Change
			Remove
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		•						
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ا The 90th ا/	day after t	he record is file	ed.					
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ted/_(/	61	Vard Signature of Ward						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00