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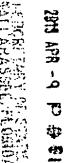
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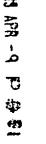
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COVER LETTER

CO: Registration Section Division of Corporations
SUBJECT: Cate Unique SIC. Name of Limited Liability Company
Dear Sir or Madam:
he enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Paris Alfonso Name of Person
Cafe Unique IIC Firm/Company
1984 SE Grand Dr Address
Port St Jucie FJ 34952. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Paris Alfonso at (305) 600 6955.
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Popistration Station
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times\$ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20000

Cafe Ur	rique II	_ (.	FRED
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on oubility Company)	17388 1891 - 9 PD 60 81
The Articles of Organization for this Limited Li	ability Company w	i	D 2011 C Uand assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of Cafe Unia Lac The new name must be distinguishable and contain the w	-		ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u>_</u>	_
(Principal office address MUST BE A STREE	T ADDRESS)		
		<u>_</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE :	BOX)	<u> </u>	
B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address here:	ce address on our	records, enter the name of the no
Name of New Registered Agent:	Paris	Alfonso	
New Registered Office Address:			
		Enter Florida stre	
		City	, 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.

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:

OF TEHIOV	ta nom dur records.
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PSD	Paris Alfonso	1984 SE brand Dr, PSL, E	349× Add
			□ Remove
			Change
<u> 16</u> R	Yerisleydis Alfonso	1984 SE Grand Dr, PSC FJ 3495Z.	∕ □ Add
	1	FJ 3495Z.	Remove
			Change
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			□ Remove
			Change
			Add
			Remove
			□ Change

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(tratutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated April 5th , 2019.	
Signature of frember or authorized	epresentative of a member
Lecisley dis Alfo Typed or printed nam	NSD.

Page 3 of 3

Filing Fee: \$25.00