118000023214

Office Use Only



400310874104

03/23/18--01010--016 **30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER MAR 2 6 2018

COVER LETTER

Division of Cor	porations		
SUBJECT: Relia	lations Cafe Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mia Remo	Mame of Person	
	Kerelations	Cafe, LLC Firm/Company	
	4321 Wate	rpord Landing	Dr.
	Lutz, =	7L 33558 City/State and Zip Code	
	revellations E-mail address: (Cafe 222 a control to be used for future annual report notification	Wil. COM fication)
For further information c	oncerning this matter, please ca	all:	
Mia Reve	110- Graham f Person	at (<u>\$13</u>) <u>220</u> Area Code Daytime	-1735 e Telephone Number
Enclosed is a check for the	ne 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 ADDRESS:

TO:

Registration Section

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 TOARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L</u>/SDDD023214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Waterford Landin 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 Florida City

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mias Revello-Graham	4321 Waterford Landing Dr Lutz, 72 33558	_ ☐ Add
		Lutz, 7233558	□ Remove
			Change
AMBR	Robby S Graham	4321 Waterford Landing Dr.	Add
		4321 Waterford Landing Dr. Lutz, 7L 33558	Remove
			Change
			Remove
			Change
			_□ Add
			Remove
			Change
			_□ Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
			Change

						.
						
·						
	···				<u></u>	
·						
						X
·						18 MAR 23
						- - -
	_	····	* 11 * 11 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *		 	0
				.		
				. <u></u>		
						
						
ective date, if other	than the date of fil	ling:		(0	ptional)	
effective date is listed, the lift the date inserted	ne date must be specific	and cannot be prio	r to date of filing o	r more than 90 days :	after filing.) Pursua:	
ument's effective date				0 1		
record specifies a he 90th day after	delayed effective the record is file	e date, but no .d.	ot an effective	e time, at 12:0)1 a.m. on the	earlier
,						
ed						
<u>ω</u> Ω "	L. Revello Revello	b	_			
MIA.	L. Klhella	- Dra	ram			
	Signature o	f a member or suth	arized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00