Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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 To:	Doing so will generate another cover sheet.
	Division of Corporations Fax Number : (850)617-6383
	Fax Mulliper . (050)017 0505
From:	Account Name : EXPRESS CORPORATE FILING SERVICE INC.
	Account Number : I20000000146
	Phone : (305)444-4994 Fax Number : (305)444-4977
'*Enter an	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**
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an Em	ail Address: LC AMND/RESTATE/CORRECT OR M/MG RESIGN
an Em	LC AMND/RESTATE/CORRECT OR M/MG RESIGN VIVE CAFE RESTAURANTE LLC Certificate of Status Certified Copy 0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VIVE CAFE RESTAURANTE LL	C				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it nove appears on or Liability Company)	ar records.)		
The Articles of Organization for this Limited L Florida document number L18000038056	iability Company	were filed on 02/12/20	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L L.C."		
Enter new principal offices address, if applicable:		48 EAST FLAGLER ST M-35			
(Principal office address MUST BE A STREE		MIAMI, FL 33131			
Enter new mailing address, if applicable:		48 EAST FLAGLER	ST M-35		
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33131			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of the fice address be	office address on our re:	records, enter the name of the new		
Name of New Registered Agent:	SANDRA MARIA PEREZ				
New Registered Office Address:	48 EAST FLAGLER ST M-35				
46m KERISICICO OTIICS AUGIESS.		Enter Florida street address			
	MIAMI		Florida ³³¹³¹		
		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	ADRIANA M. CORTES LAMUS	234 NE 46 ST	
·		MIAMI, FL 33137	= Remove
AMBR	CLAUDIO N. MANRIQUE GONZALEZ	253 NE 2ND ST	
		APT 2205	= Remove
		MIAMI, FL 33132	Cl Change
MGR	SANDRA MARIA PEREZ 50%	48 EAST FLAGLER ST	
		M-35	□ Remove
		MIANI, FL 33131	Change
AMBR	ANA DUNIA PEREZ 50%	48 EAST FLAGLER ST	
		M-35	Remove
		MIAMI, FL 33131	[] Change
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Effective date, if other than It'an effective date is listed, the date	he date of filing	:	a dasa of filing or m	opti	r filing.) Pursuant to 605,020
Note: If the date inserted in thi	i block does not m	eet the applical	ble statutory filing	g requirements, the	is date will not be listed as
document's effective date on th	: Department of St	ate's records.			
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ne record specifies a dela	ved effective da	ate, but not	an effective t	ime, at 12:01	a.m. on the earlier o
The 90th day after the	ecord is inject.				
Dated		2018			
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Exaled					
D. Marione	andi		rized representative		