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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

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

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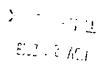
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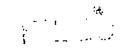
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



<i>₹</i> ⁄		OF	
••			2011 NOV 25 P 3 36
	VIVE CAFE RESTAU	<u>-</u>	
	(Name of the Limited Liability Co (A Florida Lim	mpany as It now appears on our a	ecords.)
			and the second second section is a second section of the second section section is a second section se
The Articles of Organization	on for this Limited Liability Comp	any were filed on	and assigned
Florida document number			
This amendment is submit	ted to amend the following:		
A. If amending name, en	nter the new name of the limited	liability company here:	
The new name must be distingu	rishable and contain the words "Limited I	liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offic	ces address, if applicable:		
(Principal office address)	MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing addre			
(Mailing address MAY B)	E A POST OFFICE BOX)		
B. If amending the regis agent and/or the new reg	stered agent and/or registered off cistered office address here:	fice address on our records, g	enter the name of the new registered
Name of New Re	egistered Agent:		
New Registered	Office Address:		
		Enter Florida street	oddress
		City	Zip Code
New Registered Agent's Si	ignature, if changing Registered As	<u>cent:</u>	
I hereby accept the apportunitions of all statutes accept the obligations of being filed to merely ref	pintment as registered agent and	agree to act in this capacity plete performance of my duti t as provided for in Chapter	005, F.3. Of, if this accument is

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>	<u>Name</u>	Address	Type of Action
MGR	Sandra Maria Perez	48 East Flagler ST M-35	
		MIAMI, FL 33131	■ Remove
			☐ Change
MGR	Ana Dunia Percz	48 East Flagler ST M-35	□∧dd
		MIAMI, FL 33131	≅ Remove
			□Change
MGR	Monica Lourdes Charris	9360 Fontainebleau Blvd D208	
		Miami, Fl 33172	□Remove
			Change
			□∧dd
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			Пкеточе
			□Change

Page 2 of 3

Effective date, if other than the date of filing:
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Effective date, if other than the date of filing:
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Effective date, if other than the date of filing:
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 of filing or more than 90 days after filing.) Pursuant to 603.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of .) The 90th day after the record is filed.
í en
Dated 11/25 , 2019
Signature of a member or authorized representative of a member
MONICA LOURDES CHARRIS Typed or printed name of signee

Page 3 of 3