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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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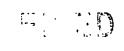


COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Island Bamboo Cafe & Arts LLC Name of Limited Liability Company
Dear Sir or Madam;
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Damion Bennett Name of Person
Island Bamboo Cafe 9 Aits LLC Firm/Company
3549 Almai Road, Lake Worth, Address
FLorida, 33461 City/State and Zip Code
TSIandbanbas Sinilebanbas - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 5612453986
Danion Bennett au SCI, 275 39 86
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(Name of the Limited Liability Comp.	2019 JUN 17 AM 11: 19 The Grant Son our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000050812	were filed on 02.26. 18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	3549 Almar Road,
(Principal office address MUST BE A STREET ADDRESS)	Florida
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3549 Almar Road Lake Worth, 33461 Ehorida.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	iion Berinett
New Registered Office Address: 3545	Enter Florida street address
- hak	City State Sip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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 Registere

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Britney Bennett	3547 Almon Road hake	C S -Xúd
	,	Worth 33461 FL.	
			🗆 Change
AMBR	Damion Bennett	3549 Almar Mags. Lake Wor	HO Add
		33461 FL.	☐ Remove
			Change
AMBR	Meresia Bennett	6066 Sherwood,	🗆 Add
		Glenway APT. 6	temove
		Fh. 33415	Change
AMBR	Howard Bennett	3549 Almai Rogd, Lake	_B-Add
		Worth, FL. 33461	_□ Remove
			Change
			□.Add
			Remove
			Change
			□ Add
			_□ Remove
			_□ Change

		2
(If an e Note	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies a 90th day after the record is filed.	er of:
Dated	May, 2312d 2019	
	Signature of a member or authorized representative of a member	
	Damion Dennett	

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Filing Fee: \$25.00