118000139062

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COVER LETTER

Division of C	orporations		
CAFFE I	TORINO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LUIS RODRIGUEZ		
		Name of Person	, h
	CAFFE FIORINO LLC		
		Firm/Company	
	2620 S.W. 27th Avenue		
		Address	
	Miami, FL 33133		
	sbachmann@bts.io	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Luis Rodriguez		786 664-6814 at ()	
Name	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for	the 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAFFE FIORINO LLC	4 3	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
	1981Q MAD 1	S 50 10 10
The Articles of Organization for this Limited Liab	lity Company were filed on JUNE 6, 20	and assigned
The Articles of Organization for this Limited Liab Florida document number L18000139062	TALLANAS	Still i Limina
This amendment is submitted to amend the follow	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET 2		
Enter new mailing address, if applicable:	•	
Mailing address MAY BE A POST OFFICE BQ		
Graning madess shall be a root of rice bo		
3. If amending the registered agent and/or	registered office address on our re	cords, enter the name of the
egistered agent and/or the new registered offic	•••	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Street Nations.	Enter Florida street e	address
		Florida 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>	<u>Name</u>	Address	Type of Action
MGR	MIGUEL PASTOR ORTEGA	2620 S.W. 27th Avenue Miami, FL 33133	Add
			■ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			□ Remove
			Change
			Add
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			□ Change
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			☐ Remove

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reffective da <u>te:</u> If the c	te, if other than the dat ate is listed, the date must be a date inserted in this block of ffective date on the Depar	specific and cannot be prid does not meet the appl	icable statutory filing re	(optional) than 90 days after (fling.) Pursu quirements, this date will no	ant to 605.020° of be listed as
	pecifies a delayed efi day after the record		ot an effective tim	e, at 12:01 a.m. on th	e earlier o
ed	March 12	. 2019	7 .		
		1/2			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00