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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		RINQUEN COCONUT CRE	EEK, LLC		
SUBJECT.		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Marianne Dominguez			
		CB Restaurant Group LLC	Name of Person		
		2299 Pearl Cider Street	Firm/Company		
		Orlando, FL 32824	Address		
		MDominguez@CasaBoring			A O
For further in	nformation c	E-mail address: oncerning this matter, please o	(to be used for future annual report notifical):		7.5 7.5 1
Marianne D	ominguez		954 558-6574		PH 12:
	Name o	f Person		Telephone Number	. 09
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	ı	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA BORINQUEN COCONUT CREEK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____09/26/2018 and assigne Florida document number _____L18000228367 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name BMK Management, LLC	Address 2299 Pearl Cider Street	Type of Ac
Prest MBR		Orlando, FL 32824	
			■ Remove
			Change
MGRM	CB Restaurant Group LLC	2299 Pearl Cider Street Orlando, FL 32824	Add
			Remove
			□ Change
	 		
			C Remove
			☐ Change
			Add
			□ Remove
		 	☐ Change
			Remove
		<u>-</u>	Change
			∩ Add
			□ Remove
			Change

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
	June 28, 2019
(If an ef <u>Note:</u>	ive date, if other than the date of filing: [certive date, if other than the date of filing: [certive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed about's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	June 26 , 2019
	Signature of a member or antiborized sepresentative of a member
	Martanne Dominguez
	Typed or printed name of signee

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Filing Fee: \$25.00