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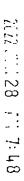
(Re	questor's Name)	
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	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

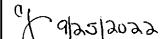
Office Use Only



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COVER LETTER

Registration Section Division of Corporations

ŤO:

SUBJECT:	, CACIO E. PEPE	LLC ·	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	at (
	JERO	DME AXELROD	
		Name of Person	
	CA	CIO E. PEPE, LLC	
		Firm/Company	
	1590.	B BISCAYNE BLVD.	
		Address	
	NORTH	MIAMI BEACH, FL 33160	
		·	
	-		
	E-mail address: (to be used for future annual report notificat	ion)
For further information of	concerning this matter, please c	all:	
JEROME AXELROD			
Name o	f Person		lephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Section Division of Corpor The Centre of Talla	ations ahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 J. 1.28 71 7:48

CACIO E. PEPE, I	LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
e Articles of Organization for this Limited Liability Compar	ny were filed on	02/13/2019	and assigned
rida document numberL19000044822			
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lia	ability company her	<u>·e</u> :	
N/A			
new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	signation "LLC" or th	ne abbreviation "L.L.C."
ter new principal offices address, if applicable:			
incipal office address MUST BE A STREET ADDRESS)		N/A	
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)		N/A	
and seed to Mill BE II I OUT OF THE BOW			
If amending the registered agent and/or registered offic	e address on our re	cords, enter the n	name of the new regist
ent and/or the new registered office address here:			
Name of New Registered Agent:	N/	A	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A	4	
	Enter Florid	la street address	
		. Florida	1
	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>	<u>Name</u>	Address	Type of Action
MGRM	KNEZEVIC MILAN	15903 BISCAYNE BLVD.	□Add
		NORTH MIAMI BEACH, FL 33160	Remove
			Change
MGRM	MANDIC SASA	15903 BISCAYNE BLVD.	□Add
		NORTH MIAMI BEACH, FL 33160	■Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
		□Change	
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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