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COVER LETTER

TO: Registration 9 Division of Co					
AM CA	11-11-				
SUBJECT:		Name of Finite	ed Unibility Company		
The enclosed Afficles of	of Amendment and t	teers) are subm	utted to filing		
Please (chim all corres)	pondence concernin	g this matter to	the following		
	Jody D. Rade	litř			
			Name of Person		
	lody D. Rado	laff CP V L L C			
			Firm Company		
	870 Dunlawte	m Avenue, #30)v)		
			Address		
	Port Orange.	H 32127			
			City State and Zip Code		
	jody radeli(t a	iodyradelitiep.			
		marl address (16)	To used for future armus	report notific	2969
res turther information	concerning this ma	ater, please cal	i		
hody D. Radelitt				8-8n8H	
Nam.	of Person	-	Arça Code	Davinas	Lelephone Number
Enclosed is a check for	the fellowing amou	101			
■ 825 00 biling bec	830 00 I da Certificate	-	SSS 00 Filing Fee Certified Copy hartonal Copy is end		860 00 Filing Fee. Certificate of Status & Certified Copy and toma copy's encased:
<u>Mailing Addr</u> Registration Division of				ddress: ation Sect n of Corp	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.M. CAFE, LLC

(Name of the Limited Lia (A Flo	ability Company as it now appears on or orda Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 04/01/20	19 Sandassigned
Florida document number L19000089468	, <u></u> -	TO TO THE PERSON OF THE PERSON
This amendment is submitted to amend the following	<u></u> .	3.5
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 designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registagent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ered office address on our record re:	
	Enter Florida stro	et address
_	C'r.	Florida
New Registered Agent's Signature, if changing Regist	City	Zip Code
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere, being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in this capac ad complete performance of my d ad agent as provided for in Chapta tered office address, I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gnature 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
AMBR	Matassa, Robert	3943 Sunset Cove Dr.	
		Port Orange, FL 32129	Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
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			⊡Add
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			□ Change

Effective date, if other than the date of filing: Tan effective date is listed, the date must be specific and cannot be pride to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated January 4 2020 Signature of a member or authofized representative of a member Melissa Dessaye			
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