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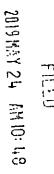
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COMER LETTER

то:	Registration Se Division of Cor			
() = LES = =		DUGH 1250 S MIAMI OPERATIO	ON \$, LLC	
SUBJE	ECT:	Name of Limited	Liability Company	
The en-	closed Articles of	Amendment and fee(s) are submitt	ed for filing.	
Please	return all correspo	ndence concerning this matter to the	he following:	
		KARLEEN FOSTER		
			Name of Person	
		KLEINFELD LEGAL ADVIS	ORS PA	~1
		801 NE 167 STREET SUITE 306	Himt/Company	019 HAY
		NORTH MIAMI BEACH, FL	Address 33162	2019 HAY 24 AM 10: 48
		C KARLEENFOSTER@KLEINF	ity/State and Zip Code FELD.COM	
г с	a e e e		e used for future annual report notification)	···
		oncerning this matter, please call:		
KARL 	EEN FOSTER		305 928-1500 at ()	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclos	ed is a check for th	ne following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Registr Divisio P.O. Be	ation Section of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIPIN DOUGH 1250 S MIAMI OPERATIONS, LLC

(<u>Name of the Limited Liability</u> (A Florida L	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number £19000121905	ompany were filed on APRIL 26, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
DRIP & DOUGH 1250 S MIAMI OPERATIONS, LLC	1
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address. Name of New Registered Agent:	ered office address on our records, enter the name of the ne
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, if this document is doffice address. I hereby confirm that the limited liability If Changing Registered Agent, Signature of New Registered Agent

or removed	g Authorized Person(s) authorized to m I from our records:	lanage, enter the the, name, an	addition of their persons being added
MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			20 Jakov Z
			Remove Control of Charles
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