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COVER LETTER

TO: Registration S Division of Co	ection erporations		
SUBJECT: 114 MEN	ORES LLC		
Surrect,	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BERENICE IPIA-FELICI	ANO	
		Name of Person	
	PRATS FERNANDEZ &	СО РА	
		Firm/Company	
	999 PONCE DE LEON B	LVD. STE. 1110PJ	
	···	Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	ADMIN@PRATSFERNAT	NDEZ.COM	
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	,
BERENICE IPIA-FEL	ICIANO	305 444 8333	
Name	of Person	at () Area Code Daytin	e 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of		Street Address: Registration So Division of Co	ction

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

114 MENORES 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 05/13/2019 __ and assigned Florida document number _L19000129021 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CASA BOHEMIA LLC The new name must be distinguishable and contain the words "Limited 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 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

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
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fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block ocument's effective date on the Depart	pecific and cannot be process not meet the app	licable statutory	g or more than 90 da	(optional) ys after filing.) I its. this date w	ursuant to 605,020
ecord specifies a delayed effective dat is filed.	e, but not an effective	e time, at 12:01	a.m. on the earlier	r of: (b) The	90th day after the
December 21	. 2020		1		
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Filing Fee: \$25.00