## M9000141938

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## **COVER LETTER**

ro: Re Di	gistration Secti vision of Corpo	on rations				
<u> </u>		HTS KEY BISCAYNE LLC	*			
SUBJECT		Name of Limite	ed Liability Company			
		nendment and fee(s) are submence concerning this matter to				
1041/01010		Fernando Laviosa				
			Name of Person			
		CAFE DELIGHTS KEY BI	SCAYNE LLC			
!	Firm/Company					
1		881 OCEAN DRIVE #11F				
	Address					
,		KEY BISCAYNE, FL 3314	49			
† †		Fernandolaviosa@gmail.com	City/State and Zip Code  n o be used for future annual report notifi	ication)		
For further	r information co	ncerning this matter, please ca				
Fernando	Laviosa		786 4028960 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed i	is a check for the	e following amount:				
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address:			

Mailing Address:
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

CAFE DELIGHTS KEY BISCAYNE LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Compar			and assigned
orida document numberL19000141938			1.
his amendment is submitted to amend the following:			1
. If amending name, enter the new name of the limited li	ability company her	re:	
			1
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u>;</u>
Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>
			- 11
			.1
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
		sands outer the name	o of the new registe
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our re	ecorus, <u>enter the nam</u>	0
agent and of the new regimes.			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flor	rida street address	:
	<u>.</u>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	stete performance of Las provided for in G	my aunes, and 1 am) Chapter 605, F.S. Or,	if this document if
If	Changing Registered A	gent, Signature of New Re	gistered 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

	Authorized fremso.		Type of Action
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	TOVBRA LLC	3300 CORPORATE AVE #110	□ Add
		WESTON, FL 33331	■ Remove
			Change
MGR	KACHITOS Y MAS LLC	11251 NW 20TH STREET #115	
		MIAMI, Fl. 33172	≣Remove
1			Change
			🗆 Add
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in effective date is listente: If the date insc	ter than the date of filing d, the date must be specific and sted in this block does not date on the Department of	d cannot be prior in	ible statutory iii	more than 90 days	optional) after filing.) Pursua , this date will no	nt to 605.020' t be listed as
record specifies a de is filed.	layed effective date, but no	ot an effective ti	me, at 12:01 a.m	i, on the earlier o	of: (b) The 90th (	day after the
ated	May 27	2021		>		
1			All fathers			
1	Signature of a	nhember of author	orized representati	ve of a member		