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COVER LETTER

то:		istration Sect sion of Corpe				
SUBJE		EPICURE C	AFE LLC			
SUBJE	CI;		Name of Limi	ted Liability Company		
The enc	losed	Articles of Ai	mendment and fee(s) are sub	nitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			BEN-ELIEZER, OPHIR			
			EPICURE CAFE LLC	Name of Person		
			18683 COLLINS AVE	Firm/Company		
			SUNNY ISLES BEACH, FL	Address 33160		
			OPHIR@BENELIEZERGRO			
				to be used for future annual	report notificati	ion)
For furt	her in	formation con	neerning this matter, please ca	all:		
BEN-E	LIEZ	ER, OPHIR		786 210	0-5212	
		Name of F	Person	Area Code	Daytime Te	lephone Number
Enclose	d is a	check for the	following amount:			
\$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is ene		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			KG ADDRESS:		I/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	EPICURE			
561361261		Name of Limi	ted Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for tiling.	
Please retu	ırn all correspoi	ndence concerning this matter	to the following:	
		BEN-ELIEZER, OPHIR		
			Name of Person	 -
		EPICURE CAFE LLC		
			Firm/Company	
		18683 COLLINS AVE		
			Address	
		SUNNY ISLES BEACH, FL	. 33160	
		OPHIR@BENELIEZERGRO	City/State and Zip Code DUP.COM	······································
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
BEN-ELI	EZER. OPHIF	2	786 210-5212 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPICURE CAFE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cou Florida document number L19000148803	npany were filed on <u>06/04/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, ess here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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
MGR	SCOLNIK, ALEX		
		18683 COLLINS AVE	LI Add
		SUNNY ISLES BEACH, FL 33160	■ Remove
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	specific and cannot be does not meet the	applicable statut	ling or more than 90 d ory filing requireme	_ (optional) ays after filing.) I ents, this date w	Pursuant to 605.020 ill not be listed as
e record specifies a delayed of The 90th day after the recor	ffective date, b d is filed.	ut not an effe	ctive time, at 1	2:01 a.m. o	n the earlier o
	2019				
JULY 06th. Dated		<i></i>			
Dated			sentative of a membe	- -	

Page 3 of 3

Filing Fee: \$25.00