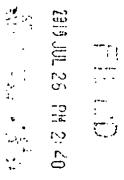
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PICK-UP WAIT MAIL	
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COVER LETTER

TO:	Registration Sec Division of Cor			
		OCCA, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
Pleasc	return all correspo	ndence concerning this matter to MARTA BENEMELIS RA		
		PRESTO TOCCA, LLC	Name of Person	
		3180 SW 19 ST	Firm/Company	
		MIAMI, FL 33145	Address	
		MARTICABENEMELIS@		
For fu	orther information c	E-mail address: (to oncerning this matter, please co	to be used for future annual report notifull:	iteation)
MAR	TA BENEMELIS	RAMIREZ	786 626-9373	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for t	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTO TOCCA, LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		_	
The Articles of Organization for this Limited Liability	y Company were filed on 06/26/2019	an	ıd assig	ned
Florida document number L19000168386				
This amendment is submitted to amend the following	;:			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or	the abbreviation	on "L.L.C	2,7
Enter new principal offices address, if applicable:			-	
(Principal office address MUST BE A STREET AD	DRESS)			
			<u> </u>	
Later your mailing address if applicables			23	gay service y
		- 		7
(Manting duaress SIAT BE A FOST OFFICE BOX)			ر ن — تني —	
		<u></u>	-5 -1,	lydro-
B. If amending the registered agent and/or re		nter th <u>e∙n</u> :		the new
registered agent and/or the new registered office a	ddress here:		0.7	
Name of New Registered Agent:				
New Registered Office Address:	-			
<u> </u>	Enter Florida street address			
This amendment is submitted to amend the following. A. If amending name, enter the new name of the The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO). B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	, Florid			
	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	CARLOS A ROBAINA BENEMELIS	304 PONCE DE LEON BLVD MIAMI, FL 33134	
			 -
		<u>-</u>	
			Change
MGR	CARLOS ALEJANDRO BENEMELIS RAMIREZ	3180 SW 19 ST MIAMI, FL 33145	B Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			
			Remove
			☐ Change

Effective date, if other than the date of filing: (If an effective date, it is used, the date on the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Date		_						
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Dated 07/27 . 20/9 . Signature of a member or authorized representative of a member	The 90th da	y after the recor	d is filed.					
Signature of a member or authorized representative of a member	Dated 07	122-/	, :	2019	_·			
Signature of a member or authorized representative of a member			١	6 (.				

Page 3 of 3

Filing Fee: \$25.00