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COVER LETTER

TO:	Registration Sec Division of Corp				
		O D&A MIAMI, I.L.C			
SUBJECT:Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Aline Daniela Bargostava			
			Name of Person		
		c/o GLSC BUSINESS SE	RVICES, LLC		
			Firm/Company		
		6303 WATERFO	RD DISTRICT DR, STE 20	00	
			Address		
		MIAMI, FL 33126			
			City/State and Zip Code		
		bargostavanaline@g	mail.com to be used for future annual rej	- the stiff cost on	
For furth	ner information c	e-mail address: (port nouncation)	
A	Aline Daniela Bar	gostavan	at (491 4630	
	Name o	·	Area Code	Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		_	ion Section	
Division of Corporations			of Corporations		
	P.O. Box 632 Tallahassee, 1			re of Tallahassee Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCO LOCO D&A MIAMI, LLC			
(Name of the Limited Liability Company as (A Florida Limited Liability	y Company 024 DEC - 2 PH 1: 44		
The Articles of Organization for this Limited Liability Company were	filed on 08/20/2019 STATE and assigned		
Florida document number L19000208120	IALLAHASSEE, FL		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Co	annuary "the designation "LLC" or the abbreviation "LLC"		
The new name must be distinguishable and contain the words. Limited Liability Co	inpair, the designation liber of the designation libror		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
_			
	30 2 1 Tr		
Enter new mailing address, if applicable:	m _C		
(Mailing address MAY BE A POST OFFICE BOX)	125		
	l		
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, enter the name of the new registers		
agent and/or the new registered office address here.			
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:

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>	Name	Address	Type of Action
MBR 	BARGOSTAVAN, DANIEL	Wiederholdstrasse 15AD-70174 Stuttgart DE	
			Remove
			□ Change
MBR	HARZHELM, JULIA A	94 NE 102 STMIAMI SHORES, FL 33138	□ Add
			\ \exists Remove
			Change
MBR	HARZHELM, PETRA	94 NE 102 STMIAMI SHORES, FL 33138	[] Add
			🗏 Remove
			Change
MBR	Bargostavan, Aline Daniela	ರಂ GLSC BUSINESS SERVICES, LLC	= Add
		6303 WATERFORD DISTRICT DR, STE 200	□ Remove
		MIAMI, FL 33126	Change
			□ Remove
			□Change
			□ Add
			Remove
			Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recordecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Mioni Signature of a member or authorized representative of a member
	Bargostavan, Aline Daniela Typed or printed name of signee

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