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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECREDARY OF STATE AFFASSEE, A COMBA

JAN 1 & 2017

COVER LETTER

TO:	Registration Se Division of Cor		
CIID III	KAFE KAI	RIBELLC	
SUBJE	UI:	Name of Limited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to the following:	
		Dan Goetz	
		Name of Person New Business Filing LLC	
		PO Box 750843	
		Address Dayton, OH 45475	
		City/State and Zip Code cs@newbusinessfiling.org	
		E-mail address: (to be used for future annual report notification)	
For furtl	her information o	concerning this matter, please call:	
Dan Go	etz	888 701-6450	
	Name o	of Person Area Code Daytime Telephone Number	
Enclose	d is a check for th	he following amount:	
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAFE KARIBE LLC		_
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
he Articles of Organization for this Limited Liability Company we lorida document number L19000275098	ere filed on November 04, 2019 and a	issigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation '	·L.L.C."
nter new principal offices address, if applicable:	15. 2	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-	97	
3. If amending the registered agent and/or registered offic	e address on our records, enter the nam	<u>e of the</u>
egistered 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 Cod	e

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 emending 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>	<u>Address</u>	Type of Action
AMBR	CELICEL SAINBRE		
		1010 NW 48TH STREET	U 7/dd
		FORT LAUDERDALE, FL 33309	■ Remove
			☐ Change
MGR	CELICEL SAINBRE	1010 NW 48TH STREET FORT LAUDERDALE, FL 33309	<u></u> ≣ Add
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Effective date, if other than the offertive date is listed, the date miss Note: If the date inserted in this bloodcument's effective date on the Defective date.	be specific and cannot be prior took does not meet the applica			
ne record specifies a delayed The 90th day after the reco		an effective time, a	at 12:01 a.m. on	the earlier of:
Dated November 18	2019	_·		
	1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00