119000288397

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



600338657046

01/06/20=+01034-+015 **25.00

2020 JAN -6 MIII: 37

C. GOLDEN FEB - 4 2020

COVER LETTER

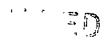
TO:

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | |
|--|--|---|--|
| OLED THEORE | AFFE SERVICES LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Joan Esquivel | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | Firm/Company | |
| | 13445 SW 153 Terrace #18 | 802 | |
| | | Address | |
| | Miami, FL 33177 | | |
| | joanesquivel@yahoo.com | City/State and Zip Code | |
| For further information of | E-mail address: (concerning this matter, please ca | to be used for future annual report noti all: | fication) |
| Joan Esquivel | | 305 781-3285 | |
| Name o | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he 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) |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Se | ction |
| Division of C | Corporations | Division of Cor | porations |
| P.O. Box 632 | 27 | The Centre of T | allahassee |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 JW -6 AHII: 38

FUOCO CAFFE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | Company were filed on 11/20/2019 and assigned |
|---|---|
| Florida document number L19000288397 | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| The new name must be distinguishable and contain the words "Li | imited 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 ADD | DRESS) |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | ed office address on our records, enter the name of the new regist |
| 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:

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 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 |
|--------------|-----------------|----------------------------|----------------|
| VP | Jossie Esquivel | 13445 SW 153 Terrace #1802 | □Add |
| | | Miami, FL 33177 | |
| | | | □Change |
| MGR | Joan Esquivel | 13445 SW 153 Terrace #1802 | ■Add |
| | | Miami, FL 33177 | □Remove |
| | | . | □Change |
| | | | □ Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □ Add |
| | | | |
| | | | ☐ Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |

| | | | | | | | |
|--------------|--|---------------------|-------------------|--------------------|--------------------------------------|---|---|
| _ | | | | | | | |
| | | | | | | | |
| - | | | | | · | | |
| - | | | | | · | | |
| _ | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| _ | | | | · | | | |
| | | | | | | | |
| _ | | | | | • | | |
| - | | | | | | | |
| _ | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | |
| - | | ***** | | | | | |
| - | - | | . - 2 | · | -: | | . |
| | | | | | | | |
| - | . | | | | | | |
| - | - | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| = | | | | | | | |
| <u>Note:</u> | ive date, if other than ective date is listed, the date If the date inserted in thi eent's effective date on the | is block does not : | meet the applic | able statutory fi | r more than 90 da ling requiremen | (optional) ys after filing.) Purs its, this date will | suant to 605,0207 (not be listed as t |
| | d specifies a delayed effe | ctive date, but no | t an effective ti | me, at 12:01 a.r | n. on the earlier | of: (b) The 90t | h day after the |
| the recor | led. | | | | | | |
| cord is fi | December 28 | | 2019 | · | | | |
| cord is fi | | | 2019 | | | | |
| ecord is fi | | Signatury Of the | 2019 | orized representat | ive of a member | | |

Filing Fee: \$25.00