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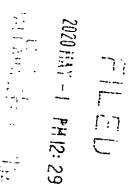
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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VICKY CAFE AT RIVERWALK, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alys Muro Name of Person Vicky Cafe at Riverwalk, LLC Firm/Company 15500 New Barn Road, Ste 104 Address Miami Lakes, FL 33014 City/State and Zip Code alys@thecafegroup.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alys Muro Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60,00 Filing Fee. ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

TO ARTICLES OF ORGANIZATION **OF**

VICKY CAFE AT RIVERWALK, LLC

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

| The Articles of Organization for this Limited Liabili | ty Company were filed | on <u>02/26/2020</u> | | _ and assi | igne |
|---|----------------------------|-----------------------------|-------------------|------------------|--------------|
| Florida document number L20000059900 | | | | | |
| This amendment is submitted to amend the following | | | | | |
| A. If amending name, enter the new name of the | limited liability compa | any here: | | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company | ." the designation "LLC" | or the abbre | viation "L.1 | īC." |
| Enter new principal offices address, if applicable: | <u> </u> | | _ | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | ; ;+c;- | 2026 | |
| | | | , ' | | <u> </u> |
| | | | : | 1 | , |
| Enter new mailing address, if applicable: | | | ,. - · | | T |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | | ヸ ニ む― | |
| | | <u> </u> | : | .; 2 | |
| | | | - . | - 0 | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | our records, <u>enter (</u> | the name o | of the new | <u>v reş</u> |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | En | ter Florida street address | ı | | |
| | | . Fla | rida | | |
| _ | City | | | Zip Code | |
| New Registered Agent's Signature if changing Regis | | Flo | rida | Zip Code | _ |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Act |
|--------------|----------------|------------------------------|-----------------|
| AMBR | Alicio Pina | 15500 New Barn Road, Ste 104 | □Add |
| | | Miami Lakes, FL 33014 | |
| | | | ■ Change |
| AMBR | Nosbely Toledo | 15500 New Barn Road, Ste 104 | □Add |
| | | Miami Lakes, FL 33014 | □Remove |
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| | | | □Add |
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| 04/24/2020 ling: | | (optior | nal) |
| and cannot be prior to of meet the applica | o date of filing or mo ble statutory filing | re than 90 days after fi requirements, this (| iling.) Pursuant to 605 date will not be liste |
| not an effective tin | ne, at 12:01 a.m. o | n the earlier of: (b) | The 90th day after |
| A 2020 | | | |
| 1000 | | | |
| c 10 (| c and cannot be prior to not meet the application of State's records. t not an effective tin | c and cannot be prior to date of filing or monot meet the applicable statutory filing of State's records. t not an effective time, at 12:01 a.m. o | c and cannot be prior to date of filing or more than 90 days after finot meet the applicable statutory filing requirements, this of State's records. t not an effective time, at 12:01 a.m. on the earlier of: (b) |

Typed or printed name of signee