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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAVA HOLDINGS GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CAVA HOLDINGS GROUP LLC

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

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Muiling address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:  Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Florida
City Florida 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
AMBR	Christina Vilaboa-Abel	1390 South Dixie Highway, Suite 1107	≘Add
		Coral Gables, FL 33146	□Remove
AMBR	Vanessa C. Angulo	1390 South Dixie Highway, Suite 1107	
		Coral Gables, FL 33146	□Remove
			□ Change
			□Add
			©Remove
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ffective date, if other than the dat an effective date is listed, the date must be some. If the date inserted in this block locument's effective date on the Depart	does not meet the appli	cable statutory til	(option more than 90 days after fi ing requirements, this d	.al) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a delayed effective da d is filed.	te, but not an effective	time, at 12:01 a.n	a, on the earlier of: (b)	The 90th day after the
September 30	, 2020		2_	
		par		
Sign	nature of a member or aut	horized representati	ve of a member	

Filing Fee: \$25.00