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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	The C	ari & Vegan	ULLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	1598 N	Caribo Vego Firm/Company 1E 170th St Address	
	North the cacib E-mail address:	Michi Becch, City/State and Zip Code evegan Egwa to be used that the annual report notion	FC 33162
For further information c	oncerning this matter, please co	all:	
Melissa Name o	COUZMAN FPerson	at (<u>305</u>) <u>72 </u> Area Code Daytim	-75 75 ne Telephone Number
Enclosed is a check for t	he following amount:		
71.S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liability C Florida document number $_{\mathcal{L}200020}$	Company were filed on $\frac{7/17/20}{28045}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1: 32
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registere	<i>(</i>)
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply we complete performance of my duties, and I am familiar with an agent as provided for in Chapter 605, F.S. Or, if this documented office address, I hereby confirm that the limited liability
	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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address			Type of Ac
ANGR	Melissa G	n man	1598 NE	1704	54	_ Ø\dd
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an e: <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.
Datec	- 12/16/20 A
	Signature of a member or authorized representative of a member
	Helissa Guzhan Typed or printed name of signce

Filing Fee: \$25.00