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COVER LETTER

Division of C			•
CARME SUBJECT:	LA'S BOCA, LLC		. ,
30bJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	YITZCHAK KESSOCK		
		Name of Person	
		Firm/Company	
	7320 ANDORRA PLACE		
		Address	
	BOCA RATON, FL 33433	3	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	all:	
YITZCHAK KESSOC	CK	347 452-2309 at ()	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration		Street Address: Registration Sect	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARMELA'S BOCA, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 10/06/2020	and assigned
lorida document number L20000315929		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u></u>	
		300
nter new mailing address, if applicable:	7000 W CAMINO REAL	- 4
Aailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33433	
		Ail.
		=
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ime 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
MGR	FGM, LLC	7000 W CAMINO REAL	□Add
		BOCA RATON, FL 33433	■Remove
		.	
MGR	YITZCHAK KESSOCK	7320 ANDORRA PLACE	≣Add
		BOCA RATON. FL 33433	□Remove
			□Change
		_	🗖 Add
			□Remove
			□Change
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			□Remove
			□Change
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ective date, if other than the date of filing:	·					
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Filing Fee: \$25.00

Typed or printed name of signee