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To:

Division of Corporations

Fax Number

: (850)617-6383

From;

Account Name : ELJAIEK,RUIZ,RODRIGUIZ,ALVEREZ,PLLC Account Number : I28930000013

Account Number : I28938888913 Phone : (385)444-5969 Fax Number : (786)532-9173

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

Essil Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEMASIADO FINE, LLC

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COVER LETTER

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SUBIE	DEMASU	ADO FINE, LLC (FL)		
3000		Name of Lim	ited Liability Company	• • • • • • • • • • • • • • • • • • • •
The enci	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
		condence concerning this matter		
		Monique Martino		
			Name of Person	
		Erra Law		
<u></u>			Firm/Company	
2601 S Bayshore Drive - 18th Floor				
			Address	
		Coconut Grove, FL 33133		
		mm@erralaw.com	City/State and Zip Code	
			to be used for future annual report notif	fication)
For furth	ner information	concerning this matter, please c	all:	
Moniqu	e Martino		786 8092250	
Name of Person		of Person	Area Code Daytime	a Telephone Number
Encloses	d is a check for	the following amount:		
= \$2 5	.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)
•	Mailing Address	Section	Street Address: Registration Sec	
	Division of P.O. Box 63	Corporations 27	Division of Cor The Centre of T	
	Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DEMASIADO FINE, LLC (FL

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

	(V LYMING CIRTIES CH	ionity Company)	
The Articles of Organization for this Limited Li Florida document number L20000337701	ability Company w	vere filed on March 30, 2021	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "LLC" or the abb	revistion "L.L.C."
Enter new principal offices address, if applies	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or registered office address		dress on our records, enter the name	of the new registered
Name of New Registered Agent:	ELJAIEK, RUIZ	, RODRIGUEZ & ALVAREZ, PLLC	
New Registered Office Address:	2601 SOUTH BAYSHORE DRIVE, 18TH FLOOR		
TON AND MAN OTHER TRANSPORT	Enter Florida street address		
	Coconut Grove	, Florida ³³¹	33
New Registered Agent's Signature, if changing H	Peolstered Agent:	City	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this in	d agent and agree er and complete p stered agent as pr registered office a	erformance of my duties, and I am fo ovided for in Chapter 605, F.S. Or, i	pniliar with and If this document is

If Changing Registered Agent, Signature of New Registered Agent

If smeading 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

Title	Name	<u>Address</u>	Type of Action
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			□Remove
			□ Change
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			DRemove 2
			UChange F
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	ve date, but not a	na effective time,	at 12:01 a.m. o	n the earlier of: (b) The 90th d	ay after the
is filed.	_	ን ጉ			, /	
is filed.		<u> </u>	16			
ecord specifies a delayed effect is filed.	Cianother of a	22	6	Sold a member	ار 	