120000346716

(Re	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	or Status
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Special Instructions to	Filing Officer:	
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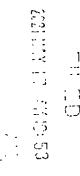
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COVER LETTER

TO: Registration S Division of Co			
CAFETA:	ŠO LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
	f Amendment and fee(s) are sub-		
	Miro Cuculiza		
	·	Name of Person	
	Cafetano LLC		-
		Firm/Company	
	255 SW 11th St Apt 1702		
		Address	
	Miami/Florida 33130		
		City/State and Zip Code	
	miro@eafetano.com		
In the second second second		to be used for future annual report notif	icanon)
	concerning this matter, please ca		
Miro Cuculiza		786 5955 at ()	
Name	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy radditional copy is enclosed)

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

Street Address: 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

(Name of the Limite	d Liability Compa A Florida Lunited I	iny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Lic Florida document number L20000346716	ability Company	were filed on 11/02	/2020 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here	;
The new name must be distinguishable and contain the wi	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		601 BRICKELL K	EY DRIVE
Principal office address MUST BE A STREET		SUITE 700	
Trincipul appet unacess programs and a second secon		MIAMI, FLORIDA 33131	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		601 BRICKELL K	EY DRIVE
		SUITE 700	
	<u></u>	MIAMI, FLORID	A 33131
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	• •		ords, enter the name of the new regist
New Registered Office Address:	601 BRICKEL	L KEY DRIVE SUIT	E 700
New registered Office Address.		Enter Floride	i street address
	MIAMI		Florida ³³¹³¹
		City	, Florida 33131 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
MGR	MIRO CUCULIZA	601 BRICKELL KEY DRIVE	
		SUITE 700	[]Remove
		MIAMI, FLORIDA 33131	
MGR	MIRKO A CUCULIZA	601 BRICKELL KEY DRIVE	
		SUITI: 700	
		MIAMI, FLORIDA 33131	
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		·····	□Change
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fective date, if other than the neffective date is listed, the date missite: If the date inserted in this bleument's effective date on the December 2.	ock does not meet the applic	able statutory filing require	(optional) 90 days after filing.) Pursuant to ements, this date will not be	5 605,020 : listed a
ecord specifies a delayed effectiv is filed	edate, but not an effective t	ime, at 12:01 a.m. on the ea	rrlier of: (b) The 90th day	after the
ted MAY 12			•	
	190			
	Signature of a member or auth	orized representative of a men	ıber	ري - ۱۶