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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brew a Coffe Name of Limit	ee LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	to the following:
Juan	P. Torres Name of Person
<u>Cafe</u>	Don Juan Firm/Company
	. Orlando Ave. STEB
Winter F	Ogris FL 32789 City/State and Zip Code O cafe donjuan com o be used for future annual report notification)
infof[6] E-mail address: (to	O be used for future annual report notification)
For further information concerning this matter, please ca	M:
Juan P. Torres Name of Person	at (321) 972 - 2705 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	SEC: TAIL
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brew 9 Coffre 116

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparellorida document number $\frac{L21000010338}{L}$.	ny were filed on	? 1 , 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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 mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		77. 2
New Registered Office Address:	Enter Florida street address , Florida	SSEE. S
	City City	一年Codo
New Registered Agent's Signature, if changing Registered Aget	n <u>t:</u>	

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	Axel Otero	12021 Pioneers Way	□Add
		Apt 1116	ERemove
		Orlando FL 32832	□ Change
			□Remove
			DChange
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		ALCA PACE	200 Fremove
		SSEE,	TChange The Park
		E.FL FL	Add C
			☐ Change

Filing Fee: \$25.00

Axel Oten / Treasurer
Typed or printed name of signee