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COVER LETTER

ΓΟ: Registration Division of	n Section Corporations		
MR CA	CHAPA KENDALL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	HERRERA TAYLOR, CI	ESAR A	
		Name of Person	
	MR CACHAPA KENDA	LL LLC	
		Firm/Company	
	3195 NE Second Ave		
		Address	
	MIAMI. FL 33137		
		City/State and Zip Code	
	mrcachapausa@gmail.com		1,v
		to be used for future annual report not	ilication)
For further informatic	on concerning this matter, please c	all:	
CESAR A HERRERA TAYLOR		786 608-6863 at ()	
Nan	ne of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Con The Centre of To 2415 N. Monro Tallahassee, FL	rporations Fallahassec Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MR CACHAPA KENDALL LLC

2022 HAY 10 PH 12: 33

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECHERANT TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 03/24/2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MR CACHAPA MIDTOWN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _, Florida __ 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

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
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			□Remove
			□Change
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Effective date, if other than the	05-04-2022	(antionul)
f an effective date is listed, the date n	nust be specific and cannot be prior to date of filing or m	(optional) nore than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filin Department of State's records.	g requirements, this date will not be listed as t
	tive date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
e record specifies a delayed effect		
rd is filed.	06-2022	
rd is filed. Dated 05	. 06-2022	,
rd is filed. Dated 05	SARAHENDA	TAPER

Filing Fee: \$25.00