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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	DLE BAR CAFé LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NANCY HERRERA		
	-	Name of Person	
	THE CANDLE BAR CAF	E LLC	· ·
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	5824 NW GILLESPIE AV	Æ.	
		Address	 ,
	PORT ST LUCIE FL 3498	86	
		City/State and Zip Code	
	THECANDLEBARCAFE@		
For further information c	E-mail address: (oncerning this matter, please or	to be used for future annual report not	ification)
NANCY HERRERA	oneer mig my mater, prouse a	772 201-4860	
	f Person	at (ne Telephone Number
Name o	1 Person	Area Code Dayun	te Tetephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	.•
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on or forida Limited Liability Company)	ir records.)
	8, 2021 and assigned
ng:	
limited liability company here:	
"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
: :	
DDRESS)	
	•
<u></u>	
	s, enter the name of the new regist
<u>ere</u> :	
	· · · · · · · · · · · · · · · · · · ·
Enter Florida str	vet address
Cin	, Florida
	Stered office address on our recording tere: Enter Florida street

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

Title	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			☐Change
			🗆 Add
			□Remove
		. <u>-</u> .,	Change
			
			Remove
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If an eff Note:	ive date, if other than the date of filing: \(\sum_{QV} \) 15, \(\sum_{QV} \) (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 27 . 2021. Manual Meshella. Signature of a member or authorized representative of a member.
	7/10/09/100000

Filing Fee: \$25.00