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(City/State/Zip/Phone #)

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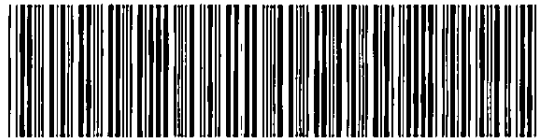
(Business Entity Name)

(Document Number)

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FLORIDA IN-HOUSE COUNSEL COVER LETTER LAW GROUP

TO: Registration Section
Division of Corporations

SUBJECT: CAFE LEONARDO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Santoni, Esq.

Name of Person

Santoni Law, P.A., d/b/a Florida In-House Counsel Law Group

Firm/Company

941 Lake Baldwin Lane, Suite 100

Address

Orlando, Florida 32814

City/State and Zip Code

rsantoni@fihclawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Santoni

407

233-3490

at ()

Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

407.233.3490

941 LAKE BALDWIN LANE - SUITE 100

ORLANDO, FL 32814

FILCLawGroup.com



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAFE LEONARDO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/25/2021 and assigned
Florida document number L21000245086.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rande y Rande LLC	2206 Seagrape Circle	<input checked="" type="checkbox"/> Add
		Coconut Creek, Florida 33066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ricardo Panneflek	52 Riley Road, Suite 393	<input type="checkbox"/> Add
		Celebration, Florida 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CEO	Damian H. Di Salvo	2206 Seagrape Circle	<input checked="" type="checkbox"/> Add
		Coconut Creek, Florida 33066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

ive of a member

Typed or printed name of signee

Filing Fee: \$25.00