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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120083000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KITH CAFE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF T

KITH CAFE LLC			
(Name of the Limited Liability Company as it now appears on our regards.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 10/06/2021	and	assign	cd
Florida document number <u>L21000437502</u>			
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 Enability Company," the designation "LLC" or the a	bbreviation	ı "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 nar	ne of the	new re	gistere
agent and/or the new registered office address here:		2023	
		11	
Name of New Registered Agent:			=
New Registered Office Address:			
Enter Florida street address	•	×	`-
, Florida _	<u> </u>	دئی	
City	, Zip Ci	ode_	

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 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	Ivo Nikolov	C/O KITH RETAIL LLC 25 KENT AVENUE, SUITE 301 BROOKLYN, NY 11249	□Add
			- i⊠Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			
			LIRemove
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D. If amending any other info	nrmation, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date inserted in the	the date of filing:
the record specifies a delayed effactord is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated March 15	
/s	s/Barbara Quinones
	Signature of a member or authorized representative of a member
Ba	orbara Quinones
	Typed or printed name of signee