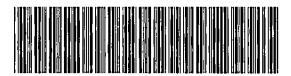
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## **COVER LETTER**

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con in er.		T CUBAN COFFEE COCINA	LLC		
SUBJECT:		Name of Lin	nited Liability Company	····	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		CAROLINA D. CALDER	RON		
			Name of Person		
		KEY WEST CUBAN CO	FFEE COCINA LLC		
			Firm/Company	<del></del>	-1, n
		517 TRUMAN AVE SUI	ГЕ В		
			Address		5
		KEY WEST, FL 33040			16.5 16.5
			City/State and Zip Code		
		CARACOLA0310@HOTM			יה. וֹחנ
For further i	nformation c	n-mail address: (	to be used for future annual reall;	eport nonnication)	•
ESTEFANI	A FUENTES	3	305 879	- 9758	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>■</b> \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate d	of Status &
	iling Addres gistration S		<u>Street Ada</u> Registrat	tress: ion Section	
Di	vision of C	orporations	Division	of Corporations	
					ı
P.C	D. Box 632 Ilahassee, I	7	The Cent	re of Tallahassee Monroe Street, Suite 810	ı

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEY WEST CUBAN COFFEE COCINA 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  $\frac{02/18/2022}{1}$ and assigned Florida document number | L22000081171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) COL 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

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

. Florida \_\_\_\_\_\_\_. Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

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	CAROLINA D. CALDERON	517 TRUMAN AVE SUITE B, KEY WEST, FL 3	3040 □Add
			□Remove
		<del></del>	\exists Change
			🗆 Add
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Signature of a member or authorized representative of a member	<del></del>

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Filing Fee: \$25.00