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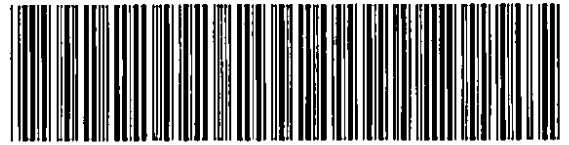
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**DATE: 03/16/22**

**NAME: CAELITO, LLC**

**TYPE OF FILING: AMENDMENT**

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**ACCOUNT: FCA000000015**

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAFEILITO, 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:

FELIX DIAZ

\_\_\_\_\_  
Name of Person

CAFELITO, LLC

\_\_\_\_\_  
Firm/Company

1128 SIMONTON STREET SUITE A

\_\_\_\_\_  
Address

KEY WEST, FLORIDA 33040

\_\_\_\_\_  
City/State and Zip Code

felito@cafelitokeywest.com

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

For further information concerning this matter, please call:

FELIX DIAZ

305 731-4139

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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Dated MARCH 16 2022

**FELIX DIAZ**

**Filing Fee: \$25.00**