L22000166726

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2023 FEB 17 AM 10: 03 SECTION OF STATE

COVER LETTER

SUBJECT:	Cafe Pinton EC LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
Name of Person					
Cafe Pinton EC LLC					
		Firm/Company 11062 International Drive Suite 140			
	11				
	_	Address			
		Orlando, Florida 32821			
City/State and Zip Code					
		carolina@amazingcabinetstore.com E-mail address: (to be used for future annual report notification)			CONTRACT PRESIDENT A
For further information of	concerning this matter, please o	call:		1023 FEB 17 ANIO: 03	
Carolina Matehus		at (_407) 437-98 Area Code Davtim	356	O: 03	Verzen de la constant
Name o	of Person	Area Code Daytim	ie Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

Mailing Address:

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cafe Pinton EC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/07/2022 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L22000166726 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 "LLC." 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jorge Moreira	2323 McCoy Rd. Apt. 504 Orlando, FL 32809	□Add
			⊠ Remove
			□Change
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Page 2 of 3

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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific as n this block does not	nd cannot be prior to meet the applical			fter filing.) Pursu	
he record specifies a d The 90th day after t			an effective tir	me, at 12:0:	1 a.m. on th	e earlier o
Dated <u>02/13/2</u>	0.23		<u>-</u> ·			2023 FEB 1
Dated Occ N 1/ 1/20	1 /	/ /	<i>'</i>		ï	_
	Muhina) <i>wald</i>		Companie :		EB
	Signature of Signa	r mum ber or author	ized representative o	f a member	7 (A) 7 (A) 8 (A) 8 (A)	EB 7 NH 10