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Office Use Only



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COVER LETTER

TO: Registration Se		• /	er s
SUBJECT:	Nostaigia	Miami LLC.	
SUBJECT.		nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Cristo	bal Garcia Name of Person	
		Name of Person	
	Nosta	Igia Miami LLC. Firm/Company	
		Firm/Company	
	N	371h ST	
		Address	
	Hialeah	FL 33012	
		FL 33012 City/State and Zip Code	
	Nostalgia	Miami 305 (2 Gma	il. com
For further information ec	E-mail address: (oncerning this matter, please c		otification)
Cristobal	Garcia	at (786) 907	- 5526.
Name of			ime Telephone Number
Enclosed is a check for th	e following amount:		
	□ \$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)
<u>Mailing Address</u>	<u>s:</u>	Street Address:	
Registration S		Registration S	
Division of Co P.O. Box 632		Division of C The Centre of	•
Tallahassee, F			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NOSTALGIA MIAMI LLC

2022 JUN 21 PM 4: 23

(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)	State of the state			
,	, , ,	PHILAMAS	SEE.FL			
The Articles of Organization for this Limited Liability Com	pany were filed on	4/12/2022.	and assigned			
Florida document number LZZ 000 175074						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :				
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS	(S)					
	<u> </u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>				
D. If amounting the anxiety and anything description of the	·		-f-41			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our re	cords, <u>enter the name</u>	of the new register			
Name of New Registered Agent:						
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 Ag	<u>zent:</u>					
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of i t as provided for in C	my duties, and I am fa hapter 605, F.S. Or, ij	miliar with and f this document is			

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.	Cristobal Garcia	1040 W 37th ST. High	tah, Fl SAdd
			□Remove
			☐ Change
			□Add
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										23	
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fective	date, if other	than the dat	e of filing:	•			(0	optional)		
ın effecti	ve date is listed, the	ie date must be s	specific and o	cannot be prio	r to date of f	iling or more	than 90 days	after filing	g.) Pur	suant to 6	605.020 listed as
	's effective date					.0.,	- 4	,			
	pecifies a delaye	d effective dat	te, but not a	in effective t	time, at 12:	01 a.m. on	the earlier o	t: (b) T	he 901	th day a	Her the
	•										
is filed.		01th	,	2022	· ·						
is filed.		01th	, 	2022 Hr. ember or auth	· ·						