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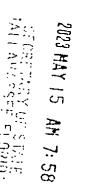
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(Busi	iness Entity Name)
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Special Instructions to F	iling Officer:





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A. RIVERS

JUL 1 2 2023

COVER LETTER

`**TO**:

Registration Section
Division of Corporations

SUBJECT:	CAFE-LAKELAND LLC Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	WINNIE NG		
		Name of Person	
	WINNIE NG, CPA P.C.		atus &
		Firm/Company	
	1254 41ST STREET		
		Address	
	BROOKLYN, NY 11218		
		City/State and Zip Code	
	WINNG88@HOTMAIL.CO		
	E-mail address: (t	to be used for future annual report notification)	
For further information	concerning this matter, please ca	ill:	
WINNIE NG, CPA		917 837-2802 at ()	
Name	of Person	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 & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	atus &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	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

TEARA CARE-LAND LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L22000214252	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
TEA RX CAFE-LAKELAND I LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>c</u>	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida
	City	Zip Code

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 a 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>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Add
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		·	□Change
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NOTE: III	ine date inserted ii	n this block does	not meet the appli	cable statutory fi	r more than 90 days lling requirements	after filing.) Pursuant t , this date will not be	o 605,0207 c listed as
document	s effective date o	n the Department	t of State's record	S.			
ne recor	d specifies a d	elaved effecti	va data but n	ot an offoctiv	o timo ot 17./	01 a.m. on the e	- 1:
The 90	oth day after t	he record is fi	led.	or an enectiv	e time, at 12:t	or a.m. on the e	arner of
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Dated Ar	PRIL 25			·			
				3)			
		Signature	of a member or ayu	iorized representat	ive of a member		_
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	JENNIFER TRA	AN					

Page 3 of 3

Filing Fee: \$25.00