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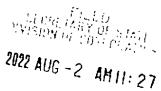
COVER LETTER

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то:	Registration Se Division of Cor			
CI:D II	eet.		CAFE,LLC.	
SUBJI	ECT:		ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RODOLF	O MURILLO GUTIERREZ	
			Name of Person	
			TODO CAFE, LLC.	
		-	Firm/Company	
			2738 SW 20TH ST.	
			Address	
			MIAMI,FL. 33145	
			City/State and Zip Code	
			odolfo@erhospitality.net to be used for future annual report noti	Control
For fur	ther information e	noncerning this matter, please ea	•	neation
RODO	DLFO MURILLO	GUTIERREZ	786 382-1013	
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	☐ \$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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TODO CAFE, I (Name of the Limited Liability Compa (A Florida Limited I			
The Articles of Organization for this Limited Liability Company Florida document number L22000281716	were filed on 06/21/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2050 MCKINLEY ST UNIT. 7		
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL. 33020		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sneet address		
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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.

City

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
			□Add
			□Remove
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ffective date, if other than the an effective date is fisted, the date must ote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to ock does not meet the applications.	o date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 605, nents, this date will not be liste	.020 ed a
record specifies a delayed effectivis filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	r the
ated	Rodoffo Mers Signature of a member or autho	<u></u> ·		
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Typed or printed name of signee