

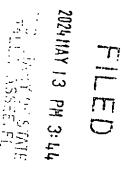
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
CHDITAT.	LITTLE H.	AVANA CAFE LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		CLAUDIA ROCABADO			
	enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  CLAUDIA ROCABADO  Name of Person  LITTLE HAVANA CAFE LLC  Firm/Company  159 PEPPERPIKE WAY  Address  SAINT AUGUSTINE, FL 32092  City/State and Zip Code claudrocabado@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  AUDIA ROCABADO  at (				
		LITTLE HAVANA CAFE	ELLC		
			Firm/Company		
	159 PEPPERPIKE WAY				
	Address				
	DEFINITION And CAFE LLC    Name of Limited Liability Company				
			·	<u> </u>	
				of (Toyo Cons)	
For further in	iformation c		·	arreadon)	
Name of Person		at ()	me Telephone Number		
Enclosed is a	check for th	e following amount:			
<b>■</b> \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy	
Reg	gistration S	Section	Registration S		
		•		•	
	lahassee, I			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE HAVANA CAFE		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000414333</u>	were filed on <u>09/20/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
THE ROCABADO GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	159 PEPPERPIKE WAY	2024 HA
(Principal office address MUST BE A STREET ADDRESS)	SAINT AUGUSTINE, FL 32092	<b>=</b> 71
		$\omega$ $\omega$
Enter new mailing address, if applicable:	159 PEPPERPIKE WAY	PH C
(Mailing address MAY BE A POST OFFICE BOX)	SAINT AUGUSTINE, FL 32092	AT 44
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u>	ame of the new registered
New Registered Office Address:	Enter Flovido stron 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.

Citv

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	JAMES ROCABADO	159 PEPPERPIKE WAY SAINT AUGUSTINE, F	= 4 J J
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ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this blocument's effective date on the D	st be specific and canno ock does not meet th	e applicable stat			
record specifies a delayed effectiv is filed.	e date, but not an eff	ective time, at 17	2:01 a.m. on the ear	lier of: (b) The 900	h day after the
MAY 5TH	202	4			
	allha O	7			
	<u> </u>				
	Signature of a member	r-or authorized rep	resentative of a mem	oct	<del></del>