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COVER LETTER

TO:	Registration Section
. 0.	Division of Corporations

La Rubia Cuban Coffee & Bakery, LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juan P Marrero		
		Name of Person	
	La Rubia Cuban Coffee &	Bakery, LLC	
		Firm/Company	
	2439 Dyer Road		
		Address	
	Port St Lucie, FL 34952		
	•	City/State and Zip Code	.
	larubiabakery@gmail.com		
	E-mail address: ()	to be used for future annual report notifi	cation)
or further information o	oncerning this matter, please ca	all:	
Juan P. Marrero		772 528.0961	
Name c	f Person	Area Code Daytime	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)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

La Rubia Cuban Coffee & Bakery, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/01/2023}{1}$ and assigned Florida document number <u>L2300</u>0060034 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: La Rubia Cuban Bakery, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 267 SE PORT ST LUCIE BLVD Enter new principal offices address, if applicable: Port St Lucie, Fl 34953 (Principal office address MUST BE A STREET ADDRESS) 267 SE PORT ST LUCIE BLVD Enter new mailing address, if applicable: Port St Lucie, Fl 34953 (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _, Florida _ Cirv

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 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
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