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PICK-UP WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
	CAFE BRISTO, 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:	
	YVONNE L. RODRIGUE	7.	
		Name of Person	
	HAVANA CAFE BISTRO), LLC.	
		Firm Company	
	4058 13TH STREET #113	35	
		Address	
	ST CLOUD, FLORIDA 3-	1769	
		City/State and Zip Code	
	havanacafebistro@gmail.co		
		to be used for future annual report not	ification)
For further information c	concerning this matter, please ca	all:	
Yvonne L. Rodriguez		407 994-8146	
Name o	of Person	at () Area Code Daytin	ne 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 633	27	The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAVANA CAFE BRISTO, LLC.	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)
	spany were filed on $\frac{02/15/2023}{}$ and assigned
orida document number 1.23000082389	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited	l liability company here:
AVANA CAFE BISTRO, LLC.	
ie new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	SS) N/A
nter new mailing address, if applicable:	
Tailing address MAY BE A POST OFFICE BOX)	N/A
	ffice address on our records, <u>enter the name of the new regist</u>
<u>gent and/or the new registered office address here</u> :	
Name of New Registered Agent:	
New Registered Office Address: N/A	
	Enter Florida street 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	[]Add
			□Remove
		····	□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			Remove
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			[]Change

Effective date, if other than the date of filing: N/A (optional)		
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Filing Fee: \$25.00