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Division of Co			
	MEDITERRANEAN CAFE L	LC	
SUBJECT:	Name of Lin	ited Liability Company	··· <u>·</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FIROUZEH S. TOUTOU	NCHIAN	
		Name of Person	
		Firm/Company	
	156 E. GRANADA BLVI	D. SUITE A	
		Address	
	ORMOND BEACH, FL 3	2174	
		City/State and Zip Code	
	THINKFAY@YAHOO.CO	DM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
FIROUZEH S. TOUTO	UNCHIAN	386 527-2325 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the 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 Addre	88:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C. (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited in the words "Limite	Liability Company," the designation "I	.L.C" 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 off agent and/or the new registered office address here:	fice address on our records, <u>en</u>	ter the name of the new regi
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		F2 11
	 Citv	Florida 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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 742566B9-DE85-4DAC-93CB-849D0F6CD0C1 ri amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR/P	LEONGOLDEN LLC	201 OCEAN SHORE BLVD.	
		ORMOND BEACH, FL 32176	≡ Remove
			🗖 Add
			□Remove
			□ Change
			□Remove
			Change
			🗖 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

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Effec	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
bucc	Firouzele S Toutouchain
	Firouzeli S Toutouchain
	FREFFYFUNCES#2P
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00