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COVER LETTER

TO:

то:	Registration Sectorision of Corp.					
SUBJE	er.	Family Grounds C	afe, LLC			
SOBJE:	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	dence concerning this matter	to the following:			
		Tiffany Sr	mith			
			Name of Person	-	_	
		Family Gr	ounds Cafe, LLC			
Firm/Company					- - -;-	2023
505 W. Hickpochee Ave Unit 300				00	<u>.</u> .	ZEZ3 KOY
Address				- : : .	20	
ŁaBelle, FL 33935				`	Ĭ:	
	City/State and Zip Code					
		-	mith21@outlook.com to be used for future annual repo			7.
For furtl	her information co	ncerning this matter, please c	•	nt nontreadon)		
	Tiffany Smith		863 at (612-5422		
	Name of I	Person		Paytime Telephone Number	er	
Enclose	d is a check for the	following amount:				
⊠ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie	ate of State	
	Mailing Address: Registration So		Street Addre Registratio			
	Division of Co			f Corporations		
	P.O. Box 6327			of Tallahassee		
	Tallahassee, Fl	L 32314	2415 N. M	onroe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Family Grounds Cafe, LLC

(Name of the Limited Liabili (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	8/22/23	and assigned
Florida document numberL23000394569			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			100 M2
(Principal office address MUST BE A STREET ADDI			
			20
			•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our r	records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		· .	
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florid	
	City		Zip Code
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this complete performance of gent as provided for in 6ed office address, I here	f my duties, and 1 Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Tiffany Smith	1215 Capri Cir LaBelle FL 33935	EXAdd
			□Remove
			□Change
			□Add
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cord specifies a delayed effective s filed.	e date, but not an effect	tive time, at 12	2:01 a.m. on the ea	rlier of: (b)	The 90th day after t
ed	20)23	0		
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