Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000024 Phone : (775)329-7721 Fax Number : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

corderoramirezi@gmail.com Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLE MAISON CAFE, LLC

Certificate of Status	0
Certified Copy	0
SPage Count	03
Estimated Charge	\$25.00

APR 0 5 2024 T. LEMIEU&IPH From Corporate Service Center Inc 1.702.507.9682 Thu Apr 4 13:26:52 2024 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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¥.	RELLE MAISO	ON CAFE, LLC	\cdot_t	ŗ,
	(Name of the Limited Llab(lity Comp (A Florida Limited	•	ir records.)	
	3.5 CKIAR EDIREC	Edward Condains /		
Articles	of Organization for this Euroited Liability Company	were filed on 10/30/2	23	and assigned
rida docu	ment number L23000494737			
is amendn	nent is submitted to amend the following:			
If amend	ling name, <u>enter the new name of the limited lial</u>	oility company here:		
	VIVA LA VIDA			
new name	most be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abb	reviation "L.L.C."
ter new p	orincipal offices address, if applicable:			
incipal of	fice address MUST BE A STREET ADDRESS)	•••••		
			· · · · · · · · · · · · · · · · · · ·	~
ler new n	nailing address, if applicable:			2024 i
ailing ada	dress MAY BE A POST OFFICE BOX)			: 50 ·
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				. =
If amer	nding the registered agent and/or registered o	ffice address on our	records, enter t	he name of the
istered a	gent and/or the new registered office address her	<u>'e</u> :		=
Nai	ne of New Registered Agent:			
Nev	w Registered Office Address:			
		Enter Florida stre	et adáress	
			, Florida	
		City		Zip Cude

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

• From Corporate Service Center Inc 1.702.507.9682 Thu Apr 4 13:26:52 2024 MDT Page 3 of 4 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 M	iembe.

<u>Title</u>	Name	Address	Type of Action
	**************************************		Add
			Remove
			□ Change
			D Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Clunge
·			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			□ Change

ive date, if other than the date of filing: N/A fortive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing it Pursuant to 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	date, if other than the date of filing: N/A (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis			ayed effective record is file		not an effe	ctive time, a	at 12:01 a.	m, on the e	arliei
tive date, if other than the date of filing: N/A (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (of	date, if other than the date of filing: N/A (optional) e date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. I Pursuant to 60						ry filing requi	rements, this	date will not be	liste
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00