L24000255172

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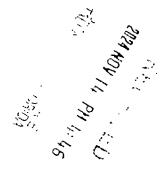
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

COCINA CAFE AT MELBOURNE MALL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Euribiades Cerrud II, Esq. Name of Person Cerrud Law, P.A. Firm/Company 6965 Piaza Grande Avenue, Suite 204 Address Orlando, Florida 32835 City/State and Zip Code Euri@CerrudLaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Euribiades Cerrud II, Esq. Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tailahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOV 14 AM 10: 36

COCINA CAFE AT MELBOURNE MALL 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 06/04/2024 Florida document number L24000255172	and assigned
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 Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street	address
	, Florida
	Zıp 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 provisions of all statutes relative to the proper and complete performance of my duti accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address, I hereby conficempany has been notified in writing of this change.	es, and I am familiar with and 605, F.S. 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	Lonelis M. Hernandez	920 Barton Boulevard, Suite 1	
		Rockledge, FL 32955	
			□Change
			[]Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November 12 2024
Signature of a member or authorized representative of a member
Euribiades Cerrud II, Esq.

Filing Fee: \$25.00