## L05000058840

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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Corp			
SURJECT:	A Xum Cof	fec LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of ,	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspo	ndence concerning this matter	to the following:	
	Brooke	Van der Riet Name of Person	<u></u>
	Axu	on Coffee CLC Firm/Company	<u>.                                    </u>
	146	W Plant Street	L St = 110
	winter	Garden, FL 34 City/State and Zip Code	787
		Kev@ +his is mos to be used for future annual report noti	
For further information co	oncerning this matter, please ca	ill:	
Abby Lan	Caster Person	at (863) 370 Area Code Daytim	- 6889 te Telephone Number
Enclosed is a check for th	e 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)
No. of Comments and an arrangement		Sau AAA	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ayum Con		
( <u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	any were filed on 06/14/2005	and assigned
Florida document number <u>L05000058540</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	444	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<del></del>	
		77 202 202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		A A
		RY DI
P. M. Const. of the Const.		(T) -45
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter the	name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	Ciry	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, 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
AMBR	michael Benn	305 S. Cake shore Dr.	
	Minneda, FL 34715		
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Effective date, if other than the date of filing:  (optional)  fan effective 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 605,0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The 90th day after the red is filed.							<u>.</u>			( '	<del></del>	U
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Signature of a member or authorized representative of a member	_		BEL	IUR	:eA	• •	<del></del>					
			Signatur	re of a men	nber or autho	onzed repres	entative of a n	nember				