

L10000031997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

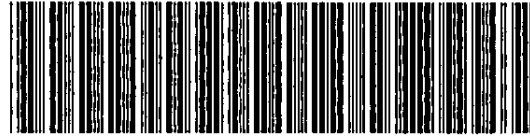
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*NE
Amend*

Office Use Only



000247806030

05/16/13--01028--009 **55.00

STATE OF MICHIGAN
RECORDS DIVISION

2013 MAY 16 AM 8:11

FILED

J. SAULSBERRY
EXAMINER
MAY 17 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coffee-Tech Service, Llc.
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:

Miguel R. Ramos
Name of Person
Coffee-Tech Service, Llc
Firm/Company
8304 NW 36 St.
Address
Coral Springs Fl. 33065
City/State and Zip Code
miguelp@coffee-techservice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel R. Ramos at (**954**) **263-9530**
Name of Person Area Code & Daytime Telephone Number

Enclosed 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 MAY 16 AM 8:21
 FILED
 STATE OF FLORIDA
 TALLAHASSEE

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

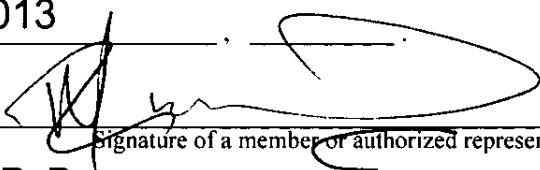
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2013 MAY 16 AM 8:11
 STATE OF CALIFORNIA
 COUNTY OF LOS ANGELES

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 08, 2013



Signature of a member or authorized representative of a member

Miguel R. Ramos

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 16 AM 8:11
SECRETARY OF STATE
DALLAS TEXAS