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J. HARRIS

COVER LETTER

(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	TO: Registration Sec Division of Corp		· ,	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Eveneth Johnson Name of Person Cigar City coffee company Firm/Company I Goo 5 Bethany Place Address Tampa Fl 33G47 City/State and Zip Code ever ethact Johnson @ YAhao. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Evereth Meth Johnson Name of Person at (843) G9G-1670 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Expenditional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	avinariam The	Muddy tails con	LOONY LLC	
Please return all correspondence concerning this matter to the following: Eveneth Johnson	SUBJECT:	Name of Lim	ited Liability Company	·
Please return all correspondence concerning this matter to the following: Eveneth Johnson				
Evenett Johnson Name of Person Cigan City coffee company Firm/Company I Good Bethany Place Valdress Tampa Fl 33647 City/State and Zip Code ever ethactjohnson @ Yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Everett Malt Johnson Name of Person at (843) 696-1670 Daytime Telephone Number Enclosed is a check for the following amount: Escond Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
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IGOO 5 Bethany Place Address		Everett	Johnson	
IGOO 5 Bethany Place Address			Name of Person	
IGOO 5 Bethany Place Address		Cigan Cita	g coffee company	
Tanpa F1 33647 City/State and Zip Code ever ethnationson @ Yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Everet Methodoson at (843) 696-1670 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escholoridate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:		J ,	Firm/Company	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Division P.O. Bo	tion Section of Corporations x 6327	Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company was it now appears on our records. (A Florida Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 23, 2015 and assigned Florida document number \(\L \) 1500071(33 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: \[\text{Cigar City Coffee Company LLC} \] The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: \[\text{(Principal office address MUST BE A STREET ADDRESS)} \] Enter new mailing address MAY BE A POST OFFICE BOX) Tompar F1 33647 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: \[\text{Name of New Registered Agent:} \] 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 the registered agent as proviace after to mapper out. r.S. Or. 1 fins document is being filed to merely reflect a change in the registered agent as proviace after in mapper out. r.S. Or. 1 fins document is being filed to merely reflect a change in the registered agent as proviace after in mapper out. r.S. Or. 1 fins document is being filed to merely reflect a change in the registered agent.	The Muddy Tails company	LLC
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If Changing Registered Agent, Signature of New Registered Agent	provisions of all statutes relative to the proper and complete	performance of my duties, and I am familiar with and provided for in Chapter 603. r.S. Or. if this document is address, I hereby confirm that the limited liability:
	If Chan	

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

<u> Citle</u>	Name	Address	Type of Action
			Add
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