

L17000127334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

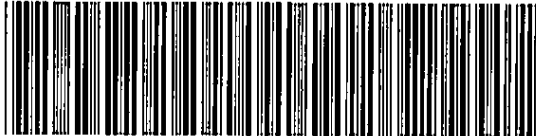
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 12 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: OnyLee Coffee Cart 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:

Ethan Lenz	
_____	Name of Person
OnyLee Coffee Cart	
_____	Firm/Company
609 N Eola Drive #3	
_____	Address
Orlando, FL 32803	
_____	City/State and Zip Code
ethanlenz01@gmail.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ethan Lenz	712	592-1034	
_____	at () _____		Daytime Telephone Number
Name of Person	Area Code		

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**


OnyLee Coffee Cart

(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 06/12/2017 and assigned Florida document number L17000127334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Social Harvest Coffee  L.L.C

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:

N/A Same Address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A Same Address

(Mailing address MAY BE A POST OFFICE BOX)

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19 SEP -3 AM 08:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. 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:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida N/A

City

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
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_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change

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

N/A

N/A

N/A

N/A

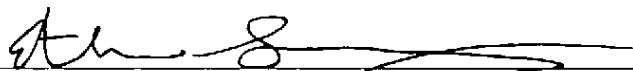
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/20/2019



Signature of a member or authorized representative of a member

Ethan James Lenz

Typed or printed name of signee