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SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	ch Cafe LLC		•			
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Remy Pugh					
		Name of Person		•		
	N/A					
		Firm/Company		-		
	100 E New York Ave	Suite 103LL		2024 SE(
		Address		A-20 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 1		
	Deland, II 32724			2024 APR -5 PH 4:54 SECRETARY OF STATE		
		City/State and Zip Code		"祭里		
	hello@theremedycoffee.com			rio #		
	E-mail address: (to be used for future annual report noti	fication)	是是		
For further information c	oncerning this matter, please c	all:				
Remy Pugh		216 635-8111 at ()				
Name o	f Person		e Telephone Number	 		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Monarch Cale LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 2/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Remedy Coffee Company LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 East New York Ave	Suite 103LL, DeLand FL 32724
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
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 here:		enter the name of the new registers
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street	address
	· · · · · · · · · · · · · · · · · · ·	, Florida
	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 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		***************************************	□Remove
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Remy Pugh

								
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a med.			•					

Typed or printed name of signee

Signature of a member or authorized representative of a member