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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

	tion Section of Corporations			
SUBJECT:	Coffee	Network, L.L.C.		
	Name of Lin	ited Liability Company	<del></del>	
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.		
Please return all co	orrespondence concerning this matte	er to the following:		
	David A. Bolte  Name of Person			
		FCStone Group, Inc.		
	2829 Westown Parkway - Suite 100  Address			
	Was	st Des Moines, IA 50266	<b>1 1 1 1 1 1 1 1 1 1</b>	
		City/State and Zip Code		
	davi	d.bolte@intlfcstone.com	R-2	
For further informa	E-mail address: (	to be used for future annual report notification)	WILL STATE	
	David A. Bolte	at ( 515 ) 223-3797	ORUD.	
Ŋ	Name of Person	Area Code & Daytime Telephone N	umber	
Enclosed is a check	for the following amount:			
\$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)	
·	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Coffee Netve d Liability Compa A Florida Limited 1	vork, L.L.C. ny as it now appear Liability Company)	s on our records.)				
The Articles of Organization for this Limited I	and assigned						
Florida document number L0200002	9756						
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	oility company hero	<u>e</u> :				
	Coffee Netw	vork, LLC					
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "l	LLC" or the at	bbreviation		
Enter new principal offices address, if applicable:		1221 Brickell Avenue		Sign .	===		
(Principal office address MUST BE A STREE	(Principal office address MUST BE A STREET ADDRESS)		Suite 2500		<u>&gt;</u>		
		Miami, FL 33	131		<b>3</b>		
				SEE S			
Enter new mailing address, if applicable:		1221 Brickell Avenue					
(Mailing address MAY BE A POST OFFICE BOX)		Suite 2500		9 X			
		Miami, FL 33131		Dm €	<b></b>		
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	ur records, <u>enter (</u>	the name of	the new		
Name of New Registered Agent:	Brian T. Sephton						
New Registered Office Address:	329 Park Avenue North - Suite 350						
		Ente	er Florida street add	lress			
	W	Winter Park, Florid		32789			
		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 608, 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 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 **Title** <u>Name</u> **Address** Type of Action MGR Raul Henriquez 777 Brickell Avenue, Suite 1010 \_□ Add Remove Miami, FL 33131 Victor Henriquez MGR 777 Brickell Avenue, Suite 1010 ☐ Add ✓ Remove Miami, FL 33131 MGR Oscar L. Schaps 777 Brickell Avenue, Suite 1010 ☐ Add Miami\_FL\_33131 Remove MGR Hernando De La Roche 777 Brickell Avenue, Suite 1010 ☐ Add Remove Miami, FL 33131 MGRM FCStone Group, Inc. ✓ Add c/o David A. Bolte, Secretary 1251 NW Briarcliff Parkway - Suite 800 Remove Kansas city, MO 64116  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 28 2012 Dated Signature of a member or authorized representative of a member David A. Bolte, Secretary

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00