L04000069084

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COVER LETTER ,

	ration Se on of Cor	ction pòrations			•
	ABY'S C	OFFEE, LLC			
SUBJECT:		Name of Lim	ited Liability Company		-
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all	l correspo	ndence concerning this matter	to the following:		
		Gary Teplitsky			
			Name of Person		
		BABY'S COFFEE, LLC			
			Firm/Company	·	_
		1614 Pennsylvania Ave. A	pt. 2A		وسا
		 	Address		— ": :
		Miami Beach, FL 33139			
			City/State and Zip Code		- : ;
		garyteplitsky@aol.com E-mail.address: (to be used for future annual re	port notification)	_
For further infor	rmation co	oncerning this matter, please c		,	
James S. Lupino	o, Esq.		305 852-8	3440	
	Name of	f Person	Area Code	Daytime Telephone Numb	per
Enclosed is a ch	eck for th	e following amount:			
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	g Addres:		Street Add		
_	tration S ion of Co	orporations		on Section of Corporations	
	30x 632			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BABY'S COFFEE, LLC (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 $\frac{09/17/2004}{1}$ and assigned Florida document number L04000069084 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 1614 Pennsylvania Ave. Apt. 2A Miami Beach, FL 33139 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___ City

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 = Ma AMBR = At	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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			⊤ _ ⊡Remove
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ective date, if other than	the date of filing:	(optional)
effective date is listed, the dat e: If the date inserted in the	e must be specific and cannot be prior to date of the block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
ument's effective date on t	he Department of State's records.	
cord specifies a delayed eff : filed,	ective date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day after t
ed	2024	
	Jary Teplitas Signature of a member or authorized repre	6,,
	yang grade	r wy
		

Filing Fee: \$25.00