L05000107238

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	siness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
LC5-10723	8 Amend.			





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SECHLIAGE OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Division of	on Section f Corporations		
SUBJECT: CO	FFEE CARTEL, LLC (Name of Li	mited Liability Company)	
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	respondence concerning this matter	r to the following:	
	Jeffrey M. Lasma	n	
		Name of Person)	 -
	Lasman Law Firm		
	((Firm/Company)	
	6152 Delancey Sta	ation Street, Suite 2	05
		(Address)	
	Riverview, Florida	33569	
		State and Zip Code)	
For further informat	tion concerning this matter, please of	call:	
Jeffrey	/ M. Lasman	at (813) 681- (Area Code & Daytime	7725
- 1	(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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**

COFFEE CARTEL, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on November 3, 2005 and assigned document number L05000107238				
SECOND:	ND: This amendment is submitted to amend the following:				
	Please add the following managing member/manager:				
	Laura L. Fate	_			
	706 Burlwood Street, Brandon, Florida 33511	_			
		_			
	The registered agent has been changed to:				
	Jeffrey M. Lasman	_			
	6152 Delancey Station Street, Suite 205, Riverview, FL 33569	_			
		_			
	I am familiar with And afcept the obligations of registered agent.				
	- (M)//W/	-			
		-			
Dated					
	Penula Sommer Som				
	Signature of a member or authorized representative of a member				
	Pamela S. Bauman				
	Typed or printed name of signee				

Filing Fee: \$25.00