

LD8000030792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 11 PM 1:16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KANA CUBAN COFFEE ROASTERS, 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:

TROY LEE  
(Name of Person)

KANA CUBAN COFFEE ROASTERS LLC.  
(Firm/Company)

62 W. JULIANA ST., SUITE C  
(Address)

ORLANDO, FL 32806  
(City/State and Zip Code)

For further information concerning this matter, please call:

TROY LEE at (407) 648-5605  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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**

KANA CUBAN COFFEE ROASTERS, 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 3/26/08 and assigned  
Florida document number LO8000030792.

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 end with 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)

62 W. ILLIANA ST.  
SUITE C  
ORLANDO, FL 32806

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

62 W. ILLIANA ST.  
SUITE C.  
ORLANDO, FL 32806

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DIVISION OF CORPORATIONS

**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:

TROY LEE

New Registered Office Address:

359 W. 33 ST.

(Enter Florida street address)

HIWASSEE

(City)

Florida

320 33012

(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.*

[Signature]  
(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

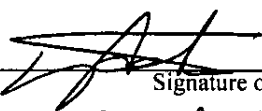
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TROY A. LEE	62 W. ILIANA ST. SUITE C ORLANDO, FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SCI INVESTMENTS	359 W. 33 ST. HALETH FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOHN BARBOSA	6107 ORANGE COVE DR. ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 9, 2009.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Troy A. Lee  
\_\_\_\_\_  
Typed or printed name of signee