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SECRETARY OF STATE
SECRETARY

C. LEWIS

APR 5 2010

**EXAMINER** 

## COVER LETTER

TO: Registration S Division of Co			
<b>100</b>	٧.		
SUBJECT:	All Abou	ut Coffee, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Judy Belcher	
		Name of Person	<del></del>
	Α	Il About Coffee, LLC	
		Firm/Company	
		16 Broadway Dr	
	***	Address	
		Kissimmee Fl. 34741	
		City/State and Zip Code	
	E-mail address: (t	ourtsolutions@gmail.com	ion
For further information	concerning this matter, please co	•	,
	udy Belcher	at ( 407 ) 94  Area Code & Daytime To	141155
Name	of Person	Area Code & Daytime To	elephone 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

Division of Corporation 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

FILED

2010 APR -2 PM 8: 18

(Name of the Limited	LL ABOUT COFFEE LLC d Liability Company as it now appear A Florida Limited Liability Company)	SECRET s on our records AHA	ARY OF STATE SSEE, FLORIDA
The Articles of Organization for this Limited L Florida document number L0900002	iability Company were filed on	03/06/2009	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter t</u>	the name of the new
Name of New Registered Agent:	Judy Belcher		
New Registered Office Address:	16 Broadway Ave	<del></del>	·
	Enter Florida street address		
	<u>Kissimmee</u> City	, Florida	34741 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, Sinnature 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

**Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> WILLIAMS, JESSIE MGR 16 BROADWAY AVE ☐ Add ✓ Remove KISSIMMEE FL 34741 Linda Nazario MGR 16 Broadway Ave □ Add ✓ Remove Kissimmee FL 34741 MGR Juan Flores 16 Broadway Ave ☐ Add **▼** Remove Kissimmee Fl 34741 ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00