

LD9000026648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

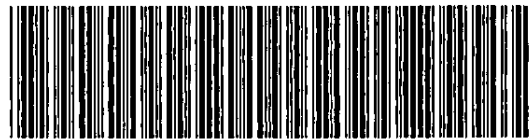
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2013 MAY 23 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Cafe Liquid 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:

Kevin Hopkins

Name of Person

Cafe Liquid LLC

Firm/Company

772 John Sims Parkway

Address

Niceville, FL 32578

City/State and Zip Code

krhoppy@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Hopkins

Name of Person

at **850 218-1991**

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

FILED

2019 MAY 23 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cafe Liquid 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 3/18/2009 and assigned
Florida document number L09000026648.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

Kevin R. Hopkins

New Registered Office Address:

151 Concert Court

Enter Florida street address

Freeport

City

Florida 32439

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:

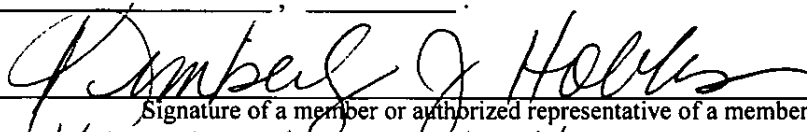
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hopkins, Kevin	151 Concert Court	<input checked="" type="checkbox"/> Add
		Freeport, FL 32439	<input type="checkbox"/> Remove
MGR	Hopkins, Brenda	151 Concert Court	<input checked="" type="checkbox"/> Add
		Freeport, FL 32439	<input type="checkbox"/> Remove
MRS	Crossler, Jamie, Owner	758 Seahorse Ave	<input type="checkbox"/> Add
		FWB, FL 32548	<input checked="" type="checkbox"/> Remove
MR	Outten, Tyler, Owner	1667 Northridge Road	<input type="checkbox"/> Add
		Niceville, FL 32578	<input checked="" type="checkbox"/> Remove
MRS	Hobbs, Kimberly, Owner	1009 48th Street	<input type="checkbox"/> Add
		Niceville, FL 32578	<input checked="" 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 May 17, 2013



Signature of a member or authorized representative of a member

Kimberly J. Hobbs

Typed or printed name of signee

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Filing Fee: \$25.00

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