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12/31/09--01009--003 **25.00

MINDEC 31 AM 12: 31

M. THOMAS

JAN - 4 2010

EXAMINER

TO: Registration Section Division of Corporations
SUBJECT: LUCKY Dog Coffee Company LCC 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:
Erik Stordahl Name of Person
<u>Cucky Dog Coffee Company</u> , uc
1650 Margaret St. PMB#137, Ste 302
Tackson ville FL 32204 City/State and Zip Code Info @ lucky dog Coffee . Com E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call: Trick Standard 904 010-7009 Fig. 18 18 18 18 18 18 18 18
Frik Stordawl at 904 910-7809 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Lucky Dog G	ottee Compa	my, LLC
(<u>Name of the Limited Llabilit</u> (A -F lorida	y Company as it now appears or Limited Liability Company)	our/records.)
The Articles of Organization for this Limited Liability (Florida document number <u>LO900034</u>	Company were filed on <u>4/</u> 263	10/09 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		E T
(Principal office address MUST BE A STREET ADDI	RESS)	TARYOF F
Enter new mailing address, if applicable:		LORIO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	Florida street address
	Cin.	, Florida Zip Code
	City	гр Соае

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Address **Type of Action** Name Kimberly Stordal Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary

Typed or printed name of signee

STORDAHL

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00