L090000 44117

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

| | Coffee & Tea Machine Services | LLC | - b | |
|--------------------------------------|---|---|--|--|
| SUBJECT: | Name of Lin | nited Liability Company | <u> </u> | |
| The enclosed Articles of | Amendment and fee(s) are sub | unitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Andrea Viglione | | | |
| Name of Person | | | | |
| | Viglione Accounting Corp | , | | |
| | | Firm/Company | | |
| | 7061 S Tamiami Trl Suite | 204 | | |
| | | Address | | |
| | Sarasota, FL 34231 | | | |
| | | City/State and Zip Code | | |
| | aviglione@me.com | | | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information of | concerning this matter, please c | all: | | |
| Andrea Viglione | | 941 465-7867 | | |
| Name (| of Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for t | he 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) | |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Se | ection | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 63. Tallahassee, | | The Centre of 2415 N. Monro | Fallahassee oc Street, Suite 810 | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOWN O DA S. O. Massimo Coffee & Tea Machine Services LLC

| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | • | | |
|---|---|-----------------------------|--|--|
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L09000044117</u> | рапу were filed on May 6th, 2009 | and assigned | | |
| 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 contain the words "Limited | Liability Company," the designation "LLC" or | r the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | ···· | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>enter th</u> | e name of the new registere | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| Enter Florida street address | | | | |
| | , Flori | ida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|--------------------|----------------|
| MGR | Elsa Olivella | 1241 Tallevast Rd | |
| | | Sarasota, FL 34243 | ■Remove |
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| <u>iote:</u> I | date, if other than the date of filing: |)20 .i.a: |
| record Lis file | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| Nated _ | ny 4th 2020 | |
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Typed or printed name of signee