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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

O:

Trend Tea	LLC						
UBJECT:	Name of Lim	ited Liability Company					
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
lease return all correspo	ondence concerning this matter	to the following:					
	Nata Mason						
	Trend Tea	Name of Person					
	Trend red	Firm/Company					
	1950 Glades Rd	· ····································					
	Boca Raton, FL 33431	Address					
	nata@trendtea.com	City/State and Zip Code					
or further information o	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)				
lata Mason	officering this matter, preuse of	561 445-9006					
Name o	of Person	at () Area Code Daytii	me Telephone Number				
nclosed is a check for ti	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)				
Mailing Addres Registration	Section	Street Address: Registration So					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trend Tea LLC

ompany has been notified in writing of this change,

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 252010 lorida document number \_\_\_\_\_ his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IR = IBR =	Manager Authorized Member	1950 Gladon Rd.				
<u>le</u> ìR	Name Musican Koloti	Address Buca Roton FL	Type of Action			
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ective date, if other than the deflective date is listed, the date must	he specific and car	nnot be prior to	date of filing or	more than 90	days afte	i <b>onal)</b> r tiling.) Pur	suant to 605.0207
e: If the date inserted in this blooument's effective date on the Dep			e statutory mi	ng requirer	nents, tn	is date will	not be fisted as
ord specifies a delayed effective filed.	date, but not an	effective time	:, at 12:01 a.m	on the ear	lier of: (1	b) The 901	h day after the
September 2	:	2020					
ed							
<u> </u>	ignature/of///mer	nbox or authoriz	ed representativ	e of a memb	er	· · · · · · · · · · · · · · · · · · ·	<del></del>
Nata Mason							

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