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## **COVER LETTER**

SUBJECT:	Boquete Mo	untan Coffee, LLC			
SUBJECT:		Name of Limit	ed Liability Company		7.
The enclosed	Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return a	all correspond	ence concerning this matter to	o the following:		
		R.W. Lenz			
•			Name of Person		
		Boquete Mountain Coffee, I	LLC		
			Firm/Company		
		2113 N. Davidson Street			
			Address		
		Charlotte, NC 28205			
			City/State and Zip Code		
	•	clsd@live.com		· · · · · · · · · · · · · · · · · · ·	_
For further inf	formation con	E-mail address: (to cerning this matter, please cal	be used for future annual report n	otification)	THE APR
R.W. Lenz			704 243-8900	SSI S	3-5
	Name of P	erson	at () Area Code Dayl	ime Telephone Number	
Enclosed is a	check for the	following amount:		RIDA	22
□ \$25.00 Fil	ling Fee	*2 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &

MAILING ADDRESS:

**Registration Section** 

**Division of Corporations** 

TO:

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

(Name of the Limited Liability (A Florida l	y Company as it now Limited Liability Con	appears on o	ur records.	.)		-
The Articles of Organization for this Limited Liability Co	ompany were filed	on May 23	, 2011		and :	assigned
lorida document number L11000060586	_•	t				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability comp	any here:				,
Boquete Mountain Coffee, LLC						
The new name must be distinguishable and contain the words "Limit	ed Liability Company	," the designa	tion "LLC"	or the abb	reviation	"L.L.C."
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRI	ESS)					
			-			
Enter new mailing address, if applicable:			-	Pic	20	
Enter new mailing address, if applicable:				TALL	2016	-T
Enter new mailing address, if applicable:				TALLAHA	2016 APR	7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		ess on our	records,	TALL AHASTER	APR 1	T e of the
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registe	ered office addr	ess on our	records,	TALLAHAS enter OF	APR 1	e of the
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registe	ered office addr	ess on our	records,	TALL/MASTER OF SH	the ham	TT E e e e e e e e e e e e e e e e e e e e
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registe	ered office addr	ess on our	records,	E.FLORIE	the ham	e of the
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address to the new registered of the ne	ered office addr	ess on our	records,	TALLAHAS OF STATE A	the ham	e iof the
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered agent and/or the new registered office address	ered office addr ess here:	ess on our		E-FLORIGE	the ham	TT e e e the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address to the new registered of the new regis	ered office addr ess here:	•		E. FEORICA	the ham	e of the

## 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>Name</u> <u>Title</u> <u>Address</u> **Type of Action** □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

- <del></del>		Add
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,		Remove
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		Add
		□ Remove
	<u>.                                    </u>	Change
f <b>3</b>		

New Number is 32-0	344020, See attachment
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable sta	
ument's effective date on the Department of State's records.	, , ,
record specifies a délayed effective date, but not an ence ne 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ie sour day after the record is med.	
ed March 30, 2016	
,	
Signature of a member or authorized re	epresentative of a member

Page 3 of 3

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