09/22/2016

Division of Corporations

(FAX)850 769 0269

P.001/004

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000236553 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLYBY COFFEE, LLC

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Electronic Filing Menu

Corporate Filing Menu

SEP 26 2016

Fax Audit No: (((H16000236553 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLYBY	COFFEE, LLC	,			
(Name of the Limited Liability Can (A Florida Limit	nnany as it now appears on ed Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on  Florida document number L12000061602		05/07/12	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	jability company here:				
The new name must be distinguishable and contain the words "Limited Li	sability Company," the design	alon "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:			<del>,,,,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Inter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	(20)	2 W -		
Mailing address MAY BE A POST OFFICE BOX)	·	· · · · · · · · · · · · · · · · · · ·			
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address)		r records, enter	the name of the n		
Name of New Registered Agent:	,	-			
New Registered Office Address:	Enter Florida s	leet oddate			
	Enter rioriua		• •		
	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Age	int:				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my a as provided for in Chap	duties, and I am fo over 605, F.S. Or,	amiliar with and if this document is		
गर	Changing Registered Agent,	Sanature of New Res	istered Agent		

Page 1 of 3

Fax Audit No: (((H18000236553 3))

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	Page	2 of 3	2: 50 FLORIDA

//22/2016 16:46 Robinson Accounting Services	(FAX)850 769 0269	P.004/0
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If amending any other information, enter change(s) here: (Attach ac	iditional sheets, If necessary.)	
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Effective date, if other than the date of filing:	(optional)	505 page (8) (1)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filling requirements, this date will not be	o listed as the
the record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the e	arlier of:
Deced September 22 2016		
Dated September 22 . 2010		
Signature of a member or authorized represent		-
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Typed or printed name of signee

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