L14000079897

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COVER LETTER

Division of Corpor	rations		
SUBJECT: SHERI	DAN COFFE	E, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	STANLEY G	ORDON	
		Name of Person	_
	SHERIDAN	COFFEE, LLC	
•		Firm/Company	
	6570 LANDI	NGS COURT	
•		Address	
	BOCA RATO	ON, FL 33496	
		City/State and Zip Code	
<u>;</u>	_	ORDONCORP.COM o be used for future annual report notifi	cation)
For further information conce	·	•	
STANLEY G	ORDON	_{at} 978, 273-71	155
Name of Per	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing 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 ADDRESS:

TO:

Registration Section

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

SHERIDAN COFFEE, LLC	··
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000079897</u> .	were filed on MAY 15, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16620 SHERIDAN STREET
Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES
	FLORIDA 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			□ Add
		<u> </u>	Remove
			_ □ Add
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			☐ Remove
			□ Add
			LI AUU
			Remove

). If amending any other informat	ion, enter change(s) here: (Attach add	itional sheets, if necessary.)
the date this document is filed by the Flo	ot be prior to date of receipt or filed date and cann	(optional) ot be more than 90 days after
Dated MAY 20	2014	
Janley (on lan	
	Signature of a member or authorized representat	ive of a member
STANLEY GO	ORDON	
	Typed or printed name of signee	

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Filing Fee: \$25.00