Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170000967943)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : AGINCOURT INDUSTRIES LLC

Account Number : 120170000015 Phone : (904)252-4083

: (651)265-3109

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGINCOURT INDUSTRIES, LLC

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
nun inz		Company, LLC		
SUBJEC	ZT:		ted Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are subr	nitted for filing	
Please re	ctum all correspoi	ndence concerning this matter t	to the following:	
		Alexandria Hill		
		 	Name of Person	**************************************
		JOB Coffee Company, LLC	2	
			Firm/Company	
		25 North Market Street		
			Address	
		Jacksonville, Florida 32200		
		alex@maplestreetbiseuits.co		
		E-mail uddress: (t	to be used for future annual report notifi-	cation)
For furth	her information c	oncerning this matter, please ca	all:	
Alexan	dria Hill		904 554-7344 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
₩ 325	.00 Filing Fee	C3 \$30.00 Filing Fee & Certificate of Status	S55.00 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

From 2392882017 1.239.288.2017 Tue Apr 25 13:23:26 2017 MDT Page 4 of 6

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOB Coffee Company, LLC			
(Name of the Limited I. (A F	lability Company as it now sup- forida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L14000089555	lity Company were filed on.	06/03/2014	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	here:	
The new name must be distinguishable and contain the words	"Limited Liability Company." th	e designation "LLC" or the ab	previation "L.I., C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	X)		
registered agent and/or the new registered office Name of New Registered Agent:			
New Registered Office Address:	Fuery	Florida street address	
	Enter		
-	Citv	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:		·
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the ch	and complete performance red agent as provided for i istered office address, I he ange.	of my duties, and I am j in Chapter 605, F.S. Or,	interest of this document is nited liability SECRETARY OF ANALYSEE. F
			EST &

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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
CFO	Javier Retamar	25 North Market Street	Z Add
		Jacksonville, Florida 32202	□ Remove
			□ Change
			Remove
			☐ Change
			Aḍd
			☐ Remove
			Change
			D ∆dd
			□ Remove
			Change
-		, -	Add ACC
			CHETARY CHASSE
		•	REPORT
			Change

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e record s The 90th	ffective date on the Depart pecifies a delayed eff day after the record	ective date, but no is filed.	t an effective time, a	t 12:01 a.m. on t	he earlier of:
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