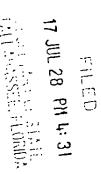
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## **COVER LETTER**

TO: Registration Se Division of Cor			
BAY COF	FEE MOFFITT LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MICHAEL SCHWEIGER		
		Name of Person	
T.	BAY COFFEE MOFFITT	LLC	
		Firm/Company	<del></del> _
	1342 YULEE DR		
		Address	<del></del> _
	CLEARWATER, FL. 337	64	
		City/State and Zip Code	
	MSCHWEIGER@TAMPA	ABAY.RR.COM to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c		(Carlott)
MICHAEL SCHWEIGE	ER	727 481-8009	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	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 ADDRESS:

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

BAY COFFEE MOFFITT, LLC	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
	mpany were filed on 6-05-2015 and assigned
lorida document number L15000098888	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limite	d liability company here:
BAY COFFEE CAFE, LLC	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE.	SS)
	<del></del>
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, enter the name of the
gistered agent and/or the new registered office addres	ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
1	, Florida

## 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 familia with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this decument 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:

$ \mathbf{MGR} = \mathbf{M} \\ \mathbf{AMBR} = \mathbf{A} $	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Add
			□ Remove
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fective date, if other in effective date is listed, the ote: If the date inserted cument's effective date record specifies a The 90th day after ted  MICHAEL SO	the record is filed	. 2017	epresentative of a me		17 JUL 2	7

Page 3 of 3

Filing Fee: \$25.00