5/18/2016 10:22:04 AM PDT

13239628300 From: Amanda Sando Page 1 of 2

5

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000123174 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

To:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062

Phone Fax Number

: (323)962-8600 : (323)962-3889

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELEVATE MOBILE COFFEE BAR, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

MAY 20 2016

J SHIVERS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	ELEVAT	E MOBILE COFFEE BAR,	LLC	
SUPPLECT	<u></u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n ali correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
,			Name of Person	
		Legalzoom.com, Inc.		
		· ····································	Firm/Company	
		101 N Brand Blvd., 10th	n Flr.	
			Address	· · · · · · · · · · · · · · · · · · ·
		Glendale, CA 91203		
			City/State and Zip Code	
		danbarton16@gmail.com	to be used for future annual report notifi	antina V
For further	information c	oncerning this matter, please or		canon
Imelda Va	squez	- '	323 962-8600 ex	t 7950
	Name o	f Person		Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificute of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional cupy 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVATE MOBILE COFFEE BAR, LLC				
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000124523</u>	were filed on <u>07/21/2015</u>		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Knockbox Coffee Bar, LLC				
The new name must be distinguishable and end with the words "Limited Liab	oility Company." the designation "LLC" of	r the abbre	viation '	L.L.C."
Enter new principal offices address, if applicable:	6426 Bowden Road, Unit 204		5	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32216	<u> </u>	7	<u> </u>
		27, 57,	~<	₽ <u>†</u>
		전품	α	3
Enter new mailing address, if applicable:		_===	=	To Jug.
(Mailing address MAY BE A POST OFFICE BOX)		اب 'ن	9	gener;
		<u> 25 25 </u>	<u>~</u>	
	•	> = = = = = = = = = = = = = = = = = = =		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the	name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Finter Florida street address			
	, Florid			
	City	2	ip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and l provided for in Chapter 605, F.S	am fami . Or, if th	liar wi iis doc	th and ument is
If Char	nging Registered Agent, Signature of N	ew Registe	red Age	nt
Page	1 of 3			

If amending the Authorized M	he Managers or Authorized Member of cmber being added or removed from o	n our records, <u>enter the title, name, and address</u> ur record <u>s</u> :	of each Manager or
MGR = Mai AMBR ≈ Aut	ager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			_D Add
			□ Remove
			\da
			□ Remove
			_D Add
			_□ Remove

). If amending any other informatic	on, enter change(s) here: (Attach additional sheets, if necessary.)	
• • • • • • • • • • • • • • • • • • • •	, saces sample, mass particle, administrational director, by necessary,	
		_
		_
		-
		_
Effective date, if other than the d	Late of filing:	
Effective date, if other than the di (The effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 days after	
(The effective date must be specific, cannot	be prior to date of receipt or filed date and cannot be more than 90 days after	
Dated	t be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)	 -
(The effective date must be specific, cannot the date this document is filled by the Flori Dated	be prior to date of receipt or filed date and cannot be more than 90 days after	

Page 3 of 3

Filing Fee: \$25.00

SUCRETARY OF STATE