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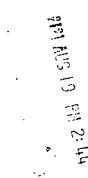
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COVER LETTER

TO:	Registration Se Division of Cor				
eun in		Coffee LLC		•	
SUBJE	,C1:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
		Cory Foht			
			Name of Person		
		Black Tulip Coffee			
			Firm/Company		
		1780 Commercial Dr.			
			Address		
		Naples, FL 34112			
			City/State and Zip Code		
		blacktulipcoffee@gmail.cor			
For furt	ther information c	E-mail address: () oncerning this matter, please of	to be used for future annual report notifi all:	cation)	
Cory F	oht		239 776-5552 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for the	he following amount:			
□ \$25	5.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liab Florida document number L15000140967	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabil		or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	1780 Commercial Dr.	
Principal office address MUST BE A STREET	ADDRESS)	Naples, FI	3
		34112	7.35
Enter new mailing address, if applicable:		1780 Commercial Dr.	5
Mailing address MAY BE A POST OFFICE BO	0X)	Naples, Fl	Z.F.
Indiang understant bit AT OUT OF FIELDOW		34112	-
			÷-
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:	1780 Cammera	ial Dr	
	1780 Commerc		
Name of New Registered Agent:	1780 Commerc	Enter Florida street address	rida 34112

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 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>	<u>Name</u>	Address	Type of Action
AMBR	Richard Foht	6670 Turner Cove	■ Add
		Cumming, GA	□Remove
		30041	☐ Change
			□Remove
			Change
			☐Ådd
			☐Remove
			Change
			□Add
			Remove
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		<u> 2004 </u>	□Add
			C Remove
			□Change
			
			Remove

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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or me If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. c filed.	on the earlier of: (b) The 90th day after
August 16th , 2021. Signature of a member or authorized representative	

Filing Fee: \$25.00