L15000178775

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(Cit	ry/State/Zip/Phon	e #)
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COVER LETTER

	Registration Division of C	Section Corporations			
SUBJEC		SION TEA LLC			
SUBJEC	.1.	Name of Lin	nited Liability Company	 	
The encl	osed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please re	turn all corres	spondence concerning this matter	r to the following:		
		My Corporation Business	Services, Inc.		
			Name of Person		
			Firm/Company		
		23586 Calabasas Road, S			
			Address		
		Calabasas, CA 91302			
			City/State and Zip Code		
		processing@mycorporation		· · · · · · · · · · · · · · · · · · ·	
		E-mail address:	(to be used for future annual report notif	lication)	
For furth	er informatio	n concerning this matter, please of	call:	75 21	
My Corp		ness Services, Inc.	877 672-6772	A Roll A	
	Nam	e of Person	Area Code Daytim	e Telephone Numbers	
Enclosed	is a check fo	or the following amount:		O vi	U
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stat Certified Copy (additional copy is end	us &

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record ited Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liability Com- lorida document number <u>L15000178775</u>	pany were filed on 10/21/2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The Tea Alchemist LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
ater new principal offices address, if applicable:		
Principal office address MUST BE <u>A STREET ADDRES</u>	(S)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		ls, enter the name of the
3. If amending the registered agent and/or register		
. If amending the registered agent and/or register	<u>s here</u> :	201 TALI
s. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:	<u>s here</u> :	201 TALI
. If amending the registered agent and/or registere egistered agent and/or the new registered office address	<u>s here</u> :	201 'SĒ
s. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:	<u>s here</u> :	201 TALI
8. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:	<u>s here</u> :	2016 MAR 3 O

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Man	om our records: sager horized Member		
<u>Title</u>	Name	Address	Type of Action
			🗆 Add

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	(optional) (illing or more than 90 days after filing) Pur	suant to 605 0207
lote: If the date inserted in this block does not meet the applicable statu	utory filing requirements, this date will	not be listed as
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on t	the earlier of
ated March 24th, 2016.		
	The same of	
	resentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00