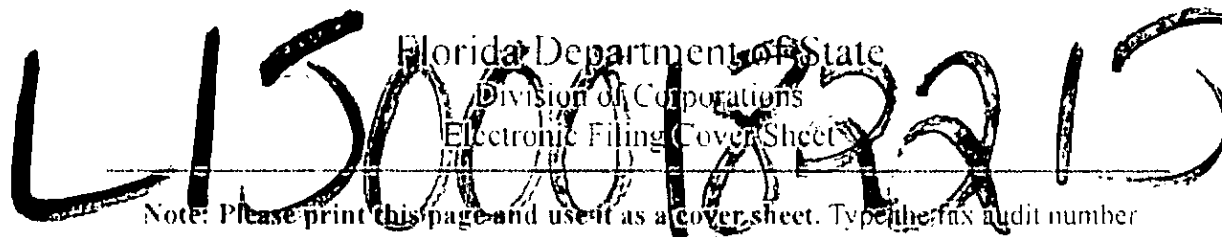


2/27/23, 2:20 PM

Division of Corporations



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.

((H23000075543 3))



H23000075543ABC3

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

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : ICONNECT SOLUTIONS CORP
 Account Number : 120190000122
 Phone : (407)863-0096
 Fax Number : (407)612-2181

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
HOLY GRAIN COFFEE LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

2023 FEB 27 PM 3:08

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 2023

COVER LETTER

TO: Registration Section
Division of Corporations

H23000075543 3

SUBJECT: HOLY GRAIN COFFEE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMERSON CORREA

Name of Person

ICONNECT SOLUTIONS CORP

Firm Company

6735 CONROY ROAD STE 309

Address

ORLANDO , FL , 32835

City State and Zip Code

CONTACT@ICONNECTSC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA

407 8630096

Name of Person

at (_____)

Area Code

Daytime Telephone Number

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

H23000075543 3

HOLY GRAIN COFFEE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/22/2015 and assigned Florida document number 115000182215.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

2023 FEB 27 PM 3:08

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

H23000075543 3

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------------|----------------------|---|
| AMBR | GABRIELA DONATI FUERTES DE CAMARGO | 11925 PROVINCIAL WAY | <input checked="" type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CARLA ELISA SIRI FUERTES | 11925 PROVINCIAL WAY | <input checked="" type="checkbox"/> Add |
| | | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

H23000075543 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDING NEW MEMBERS CARLA ELISA SIRI FUERTES AND GABRIELA DONATI FUERTES DE CAMARGO

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY, 24, 2023

Carla Siri Fuertes

Signature of a member or authorized representative of a member

CARLA ELISA SIRI FUERTES

Typed or printed name of signer