L150002004481

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	Cortificato	e of Status
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
	\$25	.08

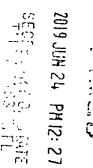
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COVER LETTER

/ Division of Corporations
SUBJECT: 2 Birds uc Name of Limited Liability Company
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:
Melissa Schofield Name of Person 123th Accounting Every
Name of Person
Doda Agazista (100
Firm/Conipany
P.O. Box 42
Address
Destro F. 32540 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

2 Birds, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as It now appears on our record. Limited Liability Company)	1)
The Articles of Organization for this Limited Liability Co	ompany were filed on 1218 6	and assigned
Florida document number <u>L150002044BI</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 20
(Principal office address MUST BE A STREET ADDR	ESS)	
		E .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		73 V
		27 1
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
		rida
	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

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 Type of Action <u>Address</u> Title Name 2 Birds Cafe, Inc. 573 Pathways Dr. #101 WAdd MGR Parama City, f. 3243 | Remove ____ Change 164 Bay Trace DAdd MGR Initer Rohrberger Santa Rosa Beh Fr. 32459 D'Remove ☐ Change MGR Taylor Rohrberger 144 Bay Trace DAdd Santa Rosa Bah & 32459 Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _____ Change _D Add ☐ Remove ☐ Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
4	
Note: If the	te, if other than the date of filing: (optional) late 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)(1) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	May 17 , 2019 .
	· mpo m
	Signature of a member or authorized representative of a member
	Taylor Rohrberger
_	Typed or printed name of signee

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Filing Fee: \$25.00