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TALLAHASSEE, FLORID.

J. HARRIE

COVER LETTER

Division of Cor			
subject: <u>5WF</u>	Coffee Compe	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Brian Abe	rnathy Name of Person	
		Firm/Company	
	12870 Trade	Way Four Syste Address S FL 34/35 City/State and Zip Code	107_311
	Bonita Sprins	S FL 34/35 City/State and Zip Code	
- :	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
	CD.	at () Area Code Daytime	Talanhana Numbar
Name o	f Person	Area Code Dayume	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

... ///

Name of the Limited Liab	bility Company as it now appears on our records.) rida Limited Liability Company)
	Company were filed on January 11 2016 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 AD	DRESS)
	LAR SE SE
Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	<u>∞</u>
	gistered office address on our records, enter the name of the new
B. If amending the registered agent and/or re registered agent and/or the new registered office a	ddress 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

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 Title **Name Address Type of Action** 12870 Tradeway Four - Add AMBR Mark Pace Ste 107_311 X Remove

Bonds Springs FL 34135 Change □ Add _ Remove _____ Change ☐ Remove ₽₽¥2<u>□ ≥¥</u>dd □ Remove. ☐ Change ∰ Add ☐ Remove ☐ Change

							
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Filing Fee: \$25.00