

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

SUBJECT:		had t takiihaa 20	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Abernathy		
		Name of Person	
		Firm/Company	
	27275 Patrick Street		
	Bonita Springs FL 34135	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

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



2019 STI 13 AH 11: 37

SWFL Coffee Company 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 w	ere filed on January	/ 11th, 2016	and assigned
Florida document number 1.16000007034			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	V112		
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi		r records, <u>enter t</u>	he name of the no
registered agent and/or the new registered office address here:			
Manage CM and Development Annual			
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter Florida s	treet address	
		Florida	
	City	Florida	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Albert Arguelles	2242 HEYDON CIRCLE WEST NAPLES, FL 34120	_■ Add
			= Aud
			Remove
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ote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
me	90th day after the record is filed.
ated	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00