

LI60000096251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

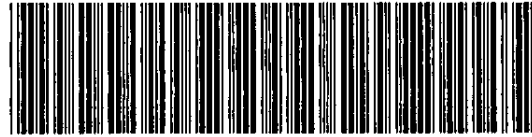
(Business Entity Name)

(Document Number)

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MAR 31 2017  
S. YOUNG

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SECRETARY OF  
TALLAHASSEE, FL 32304  
17 MAR 30 PM 2:26

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

10X COFFEE OF THE PALM BEACHES LLC

**SUBJECT:** \_\_\_\_\_  
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:

ALEJANDRO GIRALDO

\_\_\_\_\_  
Name of Person

10X COFFEE OF THE PALM BEACHES LLC

\_\_\_\_\_  
Firm/Company

3934 VICTORIA DRIVE

\_\_\_\_\_  
Address

WEST PALM BEACH FL 33406

\_\_\_\_\_  
City/State and Zip Code

VICTORIAG@DMBUSINESSSERVICE.COM

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

For further information concerning this matter, please call:

ALEJANDRO GIRALDO

561 5162375

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

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10X COFFEE OF THE PALM BEACHES LLC

The Articles of Organization for this Limited Liability Company were filed on 05/17/2016 and assigned  
Florida document number L16000096251.

10X ENTERPRISES LLC

N/A

N/A

24A

N/A

\_\_\_\_\_, **Florida**  
*City* *Zip Code*

Page 1 of 3

**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>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

[illegible]

**F. 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)