## 111000097471

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	(Document Number)
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NOTE: THE POPULATION OF STATE STAT

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## COVER LETTER ţr" TO: Registration Section Division of Corporations Holy Bean Colle LC 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: James J. Man Name of Person Holy Bean Coffee LCC Firm/Company 912 fleming St. Address Fleming I Sland FL. 32003 City/State and Zip Code ancienticad 590 gmail icom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 251-5404 Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☑ \$30,00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

S25.00 Filing Fee
 S25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holy Bean Coffee (	1
(Name of the Lighted Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L. 16</u> 000097471	on <u>5-/8-2014</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany he <u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
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 here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
Cuv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided judicial to merely reflect a change in the registered office address, company has been notified in writing of this change.	nce of my duties, and I am familiar with and for in Chapter 605, F.S. Or, iFilits domment is

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> Address Type of Action 912 Fleming St. Fleming Isandel. 72003 Nahum Mau □ Remove □ Change \_□ Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove \_ Change □ Add ☐ Remove □ ¢bange 

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Filing Fee: \$25.00