## L16000205750

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

Division of Corpo	orations · ,		
CUDIFZT.	THE PARKSI	DE CAFE & COFFEE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		MONICA KELLOW	
		Name of Person	
	PLANTATION BOO	OKKEEPING & PAYROLL SERVI	CES LLC
	AL-11-12-12-12-12-12-12-12-12-12-12-12-12-	Firm/Company	
		PO BOX 526	
		Address	<del></del> ,
	N	MONTICELLO, FL 32345	
		City/State and Zip Code	
	<del>-</del>	PLANTATIONBOOKKEEPING.CC to be used for future annual report notific	
		·	cation)
For further information coi	ncerning this matter, please c	aH:	
MONICA I	KELLOW	850 843-0	
Name of	Person	at () 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

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TO:

**Registration Section** 

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

THE PARKSII	DE CAFE & COFFEE LL	.C	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appea .imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL16000205750	mpany were filed on	NOVEMBER 8, 2016	and assigned
This amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the limit</u>	ed liability company h	ere:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the o	designation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)		17
			70
			<del>2</del> <del>2</del> <del>2</del> <del>2</del>
nter new mailing address, if applicable:			<del>-</del> <b>Z</b>
Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
s. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		n our records, <u>enter</u>	the name of the
Name of New Registered Agent:	LIND	A BRANNON	
New Registered Office Address:	230 JIMN	MY ARCHER RD	
	Enter Flo	rida street address	
	PERRY	, Florida	32347
	Ciţy		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>	Address	Type of Action
MGRM	RACHEL MADDOX	3309 PISGAH RD	Add
		PERRY, FL 32347	<u></u> ■ Remove
			☐ Change
MGRM	LINDA BRANNON	230 JIMMY ARCHER RD	<b>≅</b> Add
		PERRY, FL 32347	Remove
			Change
		_	Add
			☐ Remove
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Filing Fee: \$25.00