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(Re	questor's Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Cor			
SHRIFCT: O	MG Coffee Ex	cellence LLC	
SUBJECT:	Name of Lim	ited Liability Company	
		to the CP	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Phili	P Brown	
		Name of Person	
	omo	Coffee Excellence Firm/Company	LLC
		Firm/Company	
	22770	Our Charles No Char	
		Overton Drive Address	
	Leesbur	g FL 34788	
		\$11,71 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Philip brow E-mail address: (un a omy coffee exto be used for futural annual report noti	cellen a · Lom fication)
For further information co	oncerning this matter, please ca	all:	
Philip B	rown	at (352) 434- Area Code Daytim	6178
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ie following amount:		
		C SEE OO Dilling Day B	T C60 00 Uiling Uac
□ \$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 Addres	<u>s:</u>	Street Address:	
Registration S		Registration Se	
Division of C	-	Division of Cor	•
P.O. Box 632	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUZUH 30 PH 1:25 OMG Coffee Excellence (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _ L 16000 Z 1514 | This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "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 ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address 21 JUN 30 PM 1: 25	Type of Action
000	Karen Smith	1510 South Pointe Drive	[\vec{v}\Add
		Leesburg, FL. 34748	□ Remove
			□Change
			□∧dd
			□Remove
			□Change
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tive date, if other than the date	te of filing: 6/01/2021 (optional)
Hective date is listed, the date must be s If the date inserted in this block of	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be list
ment's effective date on the Depart	
	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
îled.	
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	2 MB
Sign	nature of a member or authorized representative of a member
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