

L17000048110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOFFI GLOBAL EXPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LANDRY H. AVISSEY

Name of Person

KOFFI GLOBAL EXPORT LLC

Firm/Company

20730 SW 103 CT

Address

CUTLER BAY, FL 33189

City/State and Zip Code

BOBOBAEZ@GMAIL.COM

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

For further information concerning this matter, please call:

MARISELA ABREU

786 597-6233

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KOFFI GLOBAL EXPORT 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 were filed on 03/01/2017 and assigned
Florida document number L17000048110.

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:

20730 SW 103 CT

Enter Florida street address

CUTLER BAY

City

Florida 33189

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

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TALLAHASSEE, FL

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>
AP	KOFFI AVISSEY	20730 SW 103 CT	<input type="checkbox"/> Add
		CUTLER BAY, FL 33189	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LANDRY H. AVISSEY	20730 SW 103 CT	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MARISELA ABREU	20730 SW 103 CT	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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ALLIED
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2023 NOV - 8 AH 8: 55
SECURITY DEPARTMENT
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/2023 BY 60322
Pursuant to 60322
will not be listed

ה'תש"ח

Dated SEPTEMBER 21, 2023

X Mr

MARISELA ABREU

Filing Fee: \$25.00