# 117000077613

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APR 25 2017 J. HARRIS

#### **COVER LETTER**

TO:	Registration Se Division of Cor						
,	•	The Coffee Being, LLC					
SUBJEC	T:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspon	ndence concerning this matter	to the following:				
		Tammy Hollowell					
		<del>- , </del>	Name of Person	······································			
		The Coffee Being, LLC					
			Firm/Company				
		511 NE 21st Ct., #422					
Address							
Wilton Manors, FL 33305							
		tammyhollowell@gmail.com	City/State and Zip Code	<del></del>			
		E-mail address: (1	to be used for future annual report notifi-	cation)			
For furth	er information co	oncerning this matter, please ca	all:				
Tammy	Hollowell		917 517-0715 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	e following amount:					
□ <b>\$2</b> 5.	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:

TO:

**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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our i Liability Company)	records.)	<del>.</del>	
The Articles of Organization for this Limited Liability Company were filed on L17000077613  L17000077613				and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.I	C."
Enter new principal offices address, if appli	511 NE 21st Ct. #422				
(Principal office address MUST BE A STREET ADDRESS)		Wilton Manors, FL 3330	)5	17	<u> </u>
			)	PR	<b>-</b> 13
				24	02F
Enter new mailing address, if applicable:	511 NE 21st Ct. #422		-P4		
(Mailing address MAY BE A POST OFFICE BOX)		Wilton Manors, FL 3330	)5	ķ	
Management MAN BEAN OF THE			<b>0</b>	- 2	
	l/an maistenad a	ffice address on our re	cords, <u>enter the</u>	name o	of the
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Tammy Hollow	e: vell			
registered agent and/or the new registered o	office address her	<b>e:</b> vell t. #422	-14		
registered agent and/or the new registered of New Registered Agent:	Tammy Hollow 511 NE 21st Co	e: vel! t. #422 Enter Florida street d	33305		
registered agent and/or the new registered of New Registered Agent:	Tammy Hollow	e: vel! t. #422 Enter Florida street d	_, Florida	Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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.

### or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>litle</u> <u>Name</u>		<u>Address</u>	Type of Action		
MGR	Tammy Hollowell	511 NE 21st Ct. # 422, Wilton Man	Add		
	-	<del> </del>	Add		
			Remove		
			☐ Change		
MBR	Sally Lovern		■ Add		
			☐ Remove		
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MGR	Robert Lovern		Add		
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·	TAMMY	HOllowe	11 70 be	70%	OWNER	= MGI	
	Sally	HOllower LOVERN	to be	30%	OWNER	E Men	beR
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Note: If	the date inserted in t	n the date of filing: ate must be specific and ca this block does not mee the Department of Stat	et the applicable statu	filing or more than story filing requi	(optional) 190 days after filing rements, this date	) 3.) Pursuant to 60: e will not be list	5.0207 (3)(b) ed as the
		layed effective dat e record is filed.	e, but not an eff	ective time,	at 12:01 a.m.	on the earli	er of:
Dated	April	21,0	2017.	2		17 APR	
	Robert Lovern	Sign <del>ättire of a me</del> r	mber or authorized repr	resentative of a mo	emoer	24 PM	FILED TARY OF SORTH
		Ту	ped or printed name o	f signee		PM 2: 00	STATE SRATIPAS

Page 3 of 3

Filing Fee: \$25.00