

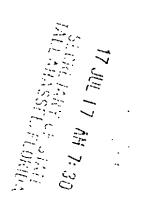
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

	NTURES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analogad Artists	of Amendment and fee(s) are sub	in a fitting	
Please return all corres	pondence concerning this matter	to the following:	
	JOHN CZELUSNIAK & .	JOSEPH BOTBOL	
		Name of Person	
	TUO VENTURES, LLC		
		Firm/Company	
	185 SW 7th Street, 1912		
		Address	
	Miami, Fl. 33130		
	info@tuocoffee.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
JOHN CZELUSNIAK	& JOSEPH BOTROL	305 283-6336 at ()	
Name	of Person		e 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 Tallahussee, F1, 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

TUO VENTURES, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	lompany as it now appears on our runted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number L17000116684		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
n/a		
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 ADDRES	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register- registered agent and/or the new registered office address		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		58
	Enter Florida street a	eldress San
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	30

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
AMGR	DANIEL DECUBAS		
			- ∃ Remove
			Change
AMGR	NANCY MARQUEZ		
			- ■ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change

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		<u> </u>	
			<u> </u>
			- F. F.
			<u> </u>
			30 (10)
e: If the date inserted in this iment's effective date on the	us) be specific and cannot be prior to block does not meet the applicab Department of State's records.	le statutory filing require	ements, this date will not be liste
ecord specifies a delay ne 90th day after the re	ed effective date, but not a ecord is filed.	an effective time, a	t 12:01 a.m. on the earlie
ed July 10	. 2017		MH)
	Signaplic of a member or authoriz		
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Filing Fee: \$25.00