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COVER LETTER

Divis	sion of Corp	porations			
SUBJECT:	Botanico C	offee LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspon	ndence concerning this matter	to the following:		
		Alejandro Agudelo			
		Botanico Coffee LLC	Name of Person		
			Firm/Company		
		907 Golden Cane Drive		_	
		Weston / Florida / 33327	Address ,	2810 NOV 28	7
		agudelo1@hotmail.com	City/State and Zip Code	કર્યું ટ્	y-5-
		E-mail address: (to be used for future annual report notifi	cation)	
For further inf	formation co	oncerning this matter, please ca	all:	ন্ত্রিল ও ট্রাল	ာ အ
Alejandro Ag	judelo		754 715-3388 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fil	ling 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

TO:

Registration Section

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

Botanico Coffee LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L17000153580	any were filed on <u>07/18/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Frendly Coffee & Tea LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	")	
Trincipal office data ess most be a grape more		
		7.0
		2818 N
Enter new mailing address, if applicable:		E E
(Mailing address MAY BE A POST OFFICE BOX)		25 6 1
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address	<u>nere</u> :	Su œ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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
MGR	David Molina	Calle 10 B SUR # 51-52 MEDELLÃN, AN 05002-3 CO	
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		(ontional)
fective date, if other than the c	ate of filing:	(optional)
an effective date is listed, the date must	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory file	r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
e record specifies a delayed The 90th day after the reco		e time, at 12:01 a.m. on the earlier o
November 13	2018	
	Alejando Agudlo 3	
	ignature of a member or authorized representati	ive of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00