## 117000165945

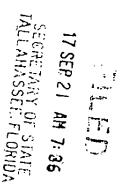
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PICK-UP WAIT	MAIL
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Certified Copies Certificates of S	ˈ Status
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Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration S Division of Co		
enn n		's Coffee Adventure, LLC	
SUBJE	<u></u>	Nam	e of Limited Liability Company
The end	closed Articles o	of Amendment and fee(s)	are submitted for filing.
Please	return all corres <sub>l</sub>	pondence concerning this	matter to the following:
		Roxana Stan	
			Name of Person
		·	Firm/Company
		17711 9 Street	
			Address
		Montverde, FL 347	756 
			City/State and Zip Code
		sales@coffeeofhorro	ors.com ddress: (to be used for future annual report notification)
For fur	ther information	concerning this matter, ;	
Roxana	a Stan		321 244-8668 at ()
	Name	of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
<b>■</b> \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee Certificate of \$	
	Regi: Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Joe's CoffecAdventure, LL	
(Name of the Li	mited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
	(A Florida Limited Liability Company)
	Liability Company were filed on 08/03/2017 and assigned
Florida document number L17000165945	<u></u> ,
This amendment is submitted to amend the f	ollowing:
A. If amending name, enter the new name	e of the limited liability company here:
The new name must be distinguishable and contain the	he words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	plicable:
(Principal office address MUST BE A STR	EET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	(E BOX)
B. If amending the registered agent a registered agent and/or the new registered	nd/or registered office address on our records, enter the name of the new dioffice address here:
Name of New Registered Agent:	$I_{AS}$
Name of New Neglistered Agent.	
New Registered Office Address:	3.5. SE
	Enter Florida street address
	Florida 77
	City Zip de
New Registered Agent's Signature, if changir	ng Registered Agent:
	$\sim$ 2.5 $\sim$ 1.7
I hereby accept the appointment as regist	ered agent and agree to act in this capacity. I further gree Secomply with the
accept the obligations of my position as r	roper and complete performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S. Or, if this document is he registered office address, I hereby confirm that the limited liability his change.
	If Changing Davistared Court Street Davis and Land
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Type of Action
MGR	Nicholas J Sindicich IV	17711 9th Street	
_		Montverde, FL 34756	□ Remove
			■ Change
MGR	Christopher O Cotter	151 N. Nob Hill Road, Suite	e 267
		Plantation, FL 33324	□ Remove
			■ Change
			Remove
			Change
			Add
		<del></del>	Remove
			Change
			Remove
			Change
		-	Add
			□ Remove
			□ Change

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Page 3 of 3			

Filing Fee: \$25.00