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## **COVER LETTER**

TO: Registration Sec Division of Corp			
subject: Ret	reat Coffee Name of Lim	and TCa LLC, ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Anthony	Delia Name of Person	
	Retreat Co	Firm/Company	C
	14900 E.	Orange Lake Bli	1d. #200
	<u>Kissimmee, j</u>	FL 34747 City/State and Zip Code	
	E-mail address: (	treat coffee and ten @ a	amail.com
For further information co	ncerning this matter, please ca	all:	
Anthony D	e lica Person	at ( <u>917)</u> <u>417</u> Area Code Daytime	- 6 966 : Telephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECNETARY OF JAMES OF STREET OF STREET

Retreat Coffee and  (Name of the Limited Liability Compan (A Florida Limited Li	Tea LLC  v as it now appears on our records.)  sublity Company.
The Articles of Organization for this Limited Liability Company v	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14900 E. Oringe Lake Blul #200 16:55.mmfe, FL: 34747
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14900 E. Orange Lake BIVD #200 KISSIMMER, FL. 34747
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent: Anthon  New Registered Office Address: 14900 &	E. Orange Lake Blvd #200 Enter Florida street address

## 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.

Kissmmee

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 OR 14900 E. Orange Lake Blu	Type of Action
AMBR.	Anthony Richardson		D _□ Add
		K.SS.MARE, FL 34747	Remove
			□ Change
AMBR	Rebecca Richardson	14900 E. Orange Lake Bluf	# <i>000</i> ) 
		Kissimnee, FL 34747	Remove
			🗆 Change
4MBR	Jessica Roberts	14900 E. Orange Lake BLUD	# <b>∂</b> <i>00</i> □ Add
		Kissinner, FL 34747	È(Remove
			□ Change } <i>00</i>
AMBR	Anthony Delia	14900 E. Orgage Lake Blud	
		Kissimmee, FL 34747	□ Remove
AMBR	Vinessa Soluri	14900 E. Orange Lake Blud	<i>}00</i> <b>X</b> Add
		Kissimmee, FL 34747	☐ Remove
			Change
			🗆 Add
			□ Remove
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:	05.0207 (3) sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of:
Dated	August 21st 2018	
	Signature of a member or authorized representative of a member	
	AATHONY Richardson Typed or printed name of signee	

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Filing Fee: \$25.00