# 11800009657

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# COVER LETTER \*

TO:	Registration Sec Division of Corp					
end icz		Coffee, LLC				
SOBJEC	Tr:	Name of Lim	ited Liability Company			
The encl	osed Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Travis N. Kimmey				
			Name of Person			
		Spink & Associates, P.A.				
			Firm/Company			
9700 Griffin Road						
		Address  Cooper City, Florida 33328  City/State and Zip Code				
		travis@spinklawfirm.com	to be used for future annual report noti	<del>6</del>		
For furth	ner information co	oncerning this matter, please ca	·	Tration;		
Travis N	ł. Kimmey		954 392-9994			
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed	I is a check for th	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

Next Wave Coffee, LLC				
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records led Liability Company)	<u>.</u> }		
The Articles of Organization for this Limited Liability Compa $\frac{L18000009657}{L18000009657}$	nny were filed on January 10, 2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<del> </del>			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del>-</del>		
		2		
Enter new mailing address, if applicable:		ω [77		
(Mailing address MAY BE A POST OFFICE BOX)		3 2 0		
		→ 0 > 0		
B. If amending the registered agent and/or registered		, enter the name of the no		
registered agent and/or the new registered office address b	<u>16re</u> :			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Constitution of the second states			
	Enter Florida street address			
<del></del>	, Flo	orida		
	t, HļV	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>	Name	Address	Type of Action
AMBR	Timothy McKenna	19 Jefferson Drive	Add
		Dover, NH 03820	Remove
			☐ Remove
			Change
		·	
			□ Remove
			□ Change
			Add
			□ Remove
		·	Change
			Add
			□ Remove
			Change
		<del></del>	Add
			☐ Remove
			☐ Change

	Next Wave Coffee, ELC is	a member managed LL0	C. Timothy McKe	nna is the majority o	wner.	
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ffect	ive date, if other than th	e date of filing:		(	optional)	
l an eff	fective date is listed, the date m If the date inserted in this	ust be specific and cannot b	e prior to date of tili	ng or more than 90 days	after (iling.) Pursuant to 605	.0207
	nent's effective date on the			y ming requirements	s. this date will not be list	cu as
	cord specifies a delaye 90th day after the re		ut not an effec	tive time, at 12:	01 a.m. on the earlie	er of
	1.0					
Dated	January 19	2018				
		>//-				
		ron		entative of a member		

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Filing Fee: \$25.00

Typed or printed name of signee