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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180

Fax Number : (305)591-9167

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email | Address | : |
|-------|---------|---|
|       |         |   |

## 보호 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIBUTTO COFFEE GROUP LLC

| Certificate of Status | 0       |
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Help T. LEMMUX AUG 23 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TRIBUTTO COFFEE GROUP  | LLC  |                               |
|--|--|-------------------------------|
| (Name of the Li  | inited Liability Company as it non appears on our ricor<br>(A Florida Limited Liability Company) | ( <b>£</b> ')                 |
|  | Liability Company were filed on 01/16/2018   |                               |
| This amendment is submitted to amend the fo  | ollowing:  |                               |
| A. If amending name, enter the new name  | of the limited liability company here:   |                               |
|  | e words "Limited Liability Company," the designation "LLC  | or the abbreviation "L.L.C."  |
| Enter new principal offices address, if appl   | licable:   |                               |
| (Principal office address MUST BE A STRE   | EET ADDRESS)   |                               |
|  |  |                               |
| Enter new mailing address, if applicable:  |  |                               |
| (Mailing address MAY BE A POST OFFICE  | E BOX)   |                               |
|  |  | 23                            |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address on our records, <u>enter t</u><br>ess here:                            | he name of the new registered |
| Name of New Registered Agent:  | ISABELLA SAMUDIO BUENO   |                               |
| New Registered Office Address:   |  | - 2: [                        |
|  | Enter Florida street adcress   | - ω                           |

## 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.

City

If Changing Registered Agent, Signature of iew Registered Agent

Florida\_

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

| Title       | Name                     | Address        | Type of Action |
|-------------|--------------------------|----------------|----------------|
| CEO         | ALEX SAMUDIO             | 425 NE 22ND ST |                |
|             |                          | 3007, FL 33137 |                |
| AMBR        | ISABELLA SAMUDIO BUENO   |                | Change         |
|             | ISTABLISEA SAMODIO BUENO | 425 NE 22ND ST |                |
|             |                          | 3007           | □ Remove       |
|             |                          | FL 33137       | □Change        |
| AMBR        | NELSON SALAZAR           |                |                |
|             |                          |                | П Remove       |
|             |                          |                | \alpha Change  |
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| D. If amending any other inform  |                                    |                            |   |   |
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| E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl-document's effective date on the De | or be specific and cannot be prior |                            | optional) nan 90 days after filing.) Pursuar quirements, this date will not | nt to 605,0207 (3);<br>be listed as the |
| f the record specifies a delayed effective ecord is filed.   | e date, but not an offective to    | ime, at 12:01 a.m. on th   | ic carlier of: ( )) The 90th d  | ay after the                            |
| Dated AUGUST 17  | , 2023                             | · '                        |   |   |
|  | Signature of a member of a minimum | brized representative of a | nicmber   | <del></del>                             |
| ALEX SA  | MUDIO                              | / ′                        |   |   |
|  |                                    | ed name of signee          |   | <del></del>                             |