L180000 83347

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O. BRUCE JAN 24 2019



January 5, 2019

CHRIS DEVEAU 5750 SW 75TH CT, STE #60 GAINESVILLE, FL 32608

SUBJECT: COFFEE BABY LLC Ref. Number: L18000083347

We have received your document for COFFEE BABY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 819A00000272

Deborah Bruce Corporate Records Supervisor

www.sunbiz.org

COVER LETTER

Div	rision of Corp	orations				
SUBJECT:	COFFEE BA	ABY LLC				
SOBJECT.		Name of Limi	ted Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		CHRIS DEVEAU				
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<u> </u>		
		COFFEE BABY LLC				
			Firm/Company			
		5750 SW 75TH CT, SUITE	£#60			
	Address					
		GAINESVILLE, FL 32608				
			City/State and Zip Code		2019 1741	
		mybrownieguy@gmail.com			9 JAH	
			o be used for future annual report notific	auon)	11.2)
For further in	nformation co	ncerning this matter, please ca	dl:		- Sign -	Series 1
CHRISTOP	HER D. DEV	'EAU	352 672 5093			ا (تا
	Name of	Person		Telephone Number	9: 4.4 STARBA	,5
Enclosed is a	a check for the	e following amount:				
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

COFFEE BABY LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000083347}{1.18000083347}$.	y were filed on APRIL 02, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Coffee Baby LLC-16	19 Brownic Guy Cournet Brow
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" br the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5750 SW 75TH COURT, SUITE #60
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32608
Enter new mailing address, if applicable:	5750 SW 75TH COURT, SUITE #60
(Mailing address MAY BE A POST OFFICE BOX)	GAINESVILLE, FL 32608
registered agent and/or the new registered office address he	SW 75th Ct 35 # 60
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	:

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	KATIE NICELL	10000 SW 52ND AVE, APT 46, GAINESVILLE, FL 32608	
			■ Remove
		STACON TETH COUNT CLUTT	□ Change
AMBR	CHRISTOPHER D. DEVEAU	5750 SW 75TH COURT, SUITE #60, GAINESVILLE, 32608	■ Add
			☐ Remove
			Change
			□ Remove
			Change
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			Thou to the
		.	☐Remove
			Change
			Add
			Remove
			□ Change

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		JAN 24
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		<u> </u>
		.
(If an	ective date, if other than the date of filing:	_ (optional) days after filing.) Pursuant to 605.02
	te: If the date inserted in this block does not meet the applicable statutory filing requirem nument's effective date on the Department of State's records.	ents, this date will not be listed a
	record specifies a delayed effective date, but not an effective time, at 1 he 90th day after the record is filed.	.2:01 a.m. on the earlier
(0) 11	The Souli day after the record is med.	
Date	05 DECEMBER 2018	
	YALL [11]	
	NACTA ANTIL	

Page 3 of 3

Filing Fee: \$25.00