

L18 0000098292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

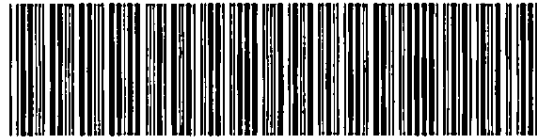
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000351139270

00/26/20 --01013- 007 \$425.00

FILED
2021 APR 28 PM 05:08
ALABAMA SECRETARY OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAZFLAV COFFEE ROASTERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAVIS FUENTES

Name of Person

CRAZFLAV COFFEE ROASTERS LLC

Firm/Company

5150 S W 48TH WAY #609

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

PAPAFIVI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAVIS FUENTES

954

683-8491

Name of Person

at ()

Area Code

Daytime Telephone Number

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CRAZFLAV COFFEE ROASTERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/18/2018 and assigned
Florida document number L180000098292.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 20TH, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee