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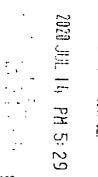
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AUG 25 2020 S. YOUNG

COVER LETTER

• •

Tallahassee, FL 32303

TO:

Registration Section

Div	ision of Cor	porations	• •				
SUBJECT:	BARISTA	COFFEE LLC	•				
SOBILCT.		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		SEBASTIAN ORREGO V	/ALENCIA				
			Name of Person				
		BARISTA COFFE LLC					
			Firm/Company				
		6413 EL DORADO DR					
			Address	· 			
		TAMPA FL 33615					
			City/State and Zip Code				
		letsdrip@thebaristacoffee.c	om to be used for future annual report no	villention)			
For firether is	aformation c	oncerning this matter, please c		Ameanny			
		-					
SEBASTIA		VALENCIA	813 5167374 at ()	me Telephone Number			
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a	a check for th	ne following amount:					
■ \$25.00 B	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres		Street Address: Registration S	ection			
Registration Section Division of Corporations			-	Division of Corporations			
	D. Box 632		The Centre of				
La	Hahassee, I	1. <i>32</i> 514	2415 N. Mont	roe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on o Liability Company)	ur records.)	<u>1</u> 2	
(A Frontia Limited	raaranty Company (·	دشت پسپ	* 1
The Articles of Organization for this Limited Liability Company	were filed on	·	_ and assign	ned :
Florida document number		3 · .	===	٠, ,
		•	5 -5	
This amendment is submitted to amend the following:			ं।	-
A. If amending name, enter the new name of the limited liab	oility company here:		29	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ion "LEC" or the abbr	eviation "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 record	s, enter the name	of the new r	egistered
agent and/or the new registered office address here:				
No. 2. Phys. B. January A. A. 1999				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str			
	r,nier r iorida sir	vet daaress		
	City	, Florida	Zîp Code	
N. B. Carlotte A. Charles of the color Decimand Assess	•		z.y/ Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am fai er 605, F.S. Or, if	niliar with a this docum	and

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>	<u>Address</u>	Type of Action
MGR	STEVEN SALCEDO	7803 N ARMENIA AVE	□Add
		TAMPA FL 33604	≣Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			⊡Remove
			□Change
.			□Add
			Remove
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			□Add
			□Remove
			□ Change

ffective date, if other than the date of filing: Or/01/2020			· · ·					
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Filing Fee: \$25.00