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C. GOLDEN MAR 2 7 2019

COVER LETTER

то:	Registration Se Division of Cor			
CUDIE	NOBLE C	AFE LLC		
SUBJE		Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LOIS K FLOYD		
			Name of Person	
		830 74th Avenue North	Firm/Company	<u> </u>
		St Petersburg, FL 33702	Address	
		4faithfulfloyds@gmail.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report no	tification)
For furt	ther information c	oncerning this matter, please co	all:	
Lois K	Floyd		727 504-7096 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5,00 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

FILED

2019 MAR 18 AM 11:38

NOBLE CAFE LLC

(Name of the Limi	ited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	MEL MIKSSEE, FL
The Articles of Organization for this Limited L	iability Company were filed on 5/18/2018	and assigned
Florida document number L18000125244		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
GULF COAST KAVA, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and	l/or registered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered o	office address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the propacter, accept the obligations of my position as reg.	ed agent and agree to act in this capacity. I for and complete performance of my duties, wistered agent as provided for in Chapter 605 registered office address. I hereby confirm to change.	and I am familiar with and I. F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			Change
			🖸 Add
			☐ Remove
			Change
			Add
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			Change
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		_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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07/01/2018 E. Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated 3/13/19 Signature of a member or adthorized peresentative of a member
LOIS K. FLOYD
Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00