LIF0001 28268

(Requestor's Name)
(1)
(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	BENEVEN	TO ROASTERS COFFEE LL	C	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	· · · · · ·
		17350 STATE HWY 249 S	SUITE 220	
			Address	······································
		HOUSTON TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO	M to be used for future annual report noti	0
			·	neation)
For further in	iformation co	oncerning this matter, please ca	all:	
MARSHA S	IHA		888 462-3453 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

BENEVENTO ROASTERS COFFEE LLC

(Name of the Limited	Liability	· Compan	<u>y</u> as it n	iow appears	on our	records.)
(4)	Origin	imiter i	ability (Omnany)		

The Articles of Organization for this Limited Liability Company v	vere filed on 05/22/2018	and assigned
Florida document number L18000128268		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
BENEVENTO COFFEE LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "I	.L.C" 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 offi registered agent and/or the new registered office address here: Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:		E SE TO SE
New Registered Office Address.	Enter Florida street ada	Florida Sip Gode Florida Further agree to comply with the
		Florida 7
New Registered Agent's Signature, if changing Registered Agent:	City	O-Zip Gode
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is
If Chang	ing Registered Agent, Signatu	re 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>	Address	Type of Action
			Remove
			Change
			□ Add
			Remove
			☐ Change
		····	Add
			□ Remove
			Change
			Remove
			□ Change
			Add
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			Change
			Remove
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Effective date, if other than t If an effective date is listed, the date r	nust be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.020
document's effective date on the	Department of State's records.	filing requirements, this date will not be listed a
ne record specifies a delay The 90th day after the re		ve time, at 12:01 a.m. on the earlier
Dated MAY 29	2018	
Dated	Signature of a member or authorized representa	
1 00 12	a margaret	

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Typed or printed name of signee

Filing Fee: \$25.00