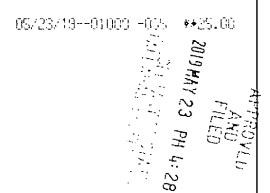
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 1 0 2019

### **COVER LETTER**

TO: Registration Section ; Division of Corporations
SUBJECT: SPICY (AMELIRADING COMPANY LIC 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:
DANIEL GANINI Name of Person  SPICY CAMIEL TRADING COMPANY  Firm/Company
91220 OVERSENS HTGWHY H9598  Address  TANERNIER FL 33070  City/State and Zip Code  CONTACTO ISLAMORADA COFFEE ROASTERS COMPE
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
DANIEL GANIM at (305) 572 3001  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

#### 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

SPICI CAMEL TRADING (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on OCIOBER 23 2018 and assigned
Florida document number <u>L18000348771</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	81901 CNERSEAS HIGHWAY
(Principal office address MUST BE A STREET ADDRESS)	15LAMORADA FL 33036
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	91220 WERSHAS MIGHEDAY, #9598 TAVERNIER FL 33670
registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 91220	Enter Florida street address #959
_	N.ER Florida 33070  City 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

f amending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being a or removed from our records:					
MGR = N AMBR = A	danager Authorized Member				
<u> Fitle</u>	Name	Address	Type of Action		
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Page 3 of 3

Filing Fee: \$25.00