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COVER LETTER

TO: Registration Section Division of Corporations COFFEMARKET 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: PAUL JASINSKI Name of Person TOUCH UP ENTERPRISES INC Firm/Company 5960 NW 99 AVE UNIT 3 Address DORAL, FL 33178 City/State and Zip Code MARIOCAPUTO70@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
-						
COFFEMARKET LLC ECT: Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: PAUL JASINSKI Name of Person TOUCH UP ENTERPRISES INC Firm/Company 5960 NW 99 AVE UNIT 3 Address DORAL, FL 33178 City/State and Zip Code MARIOCAPUTO70@HOTMAIL.COM E-mail address: (to be used for future annual report notification)						
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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

COFFEMARKET LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Cor Florida document number L19000019134	mpany were filed on 1/17/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	CSS)	
		F. n.
Enter new mailing address, if applicable:		E. 68 1
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	至 至
		E
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:	,	
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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

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
MBR	PAULINO, ANDREU	10699 NW 75 ST	
		DORAL FL 33178	
			■ Remove
			Change
			
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			
			□ Remove
			☐ Change
			
			C Remove
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			□ Remove
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If amending any other inform	ation, enter change(s) he	re: (Attach addition	al sheets, if necessary.))
			_ -	
		 		
				
				
				
				
				
				
			- - <u>-</u> - <u>-</u> -	
Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the appl	icable statutory filing	(optional) e than 90 days after filing.) I requirements, this date w	Pursuant to 605.0207 (ill not be listed as t
ne record specifies a delaye The 90th day after the re		not an effective tir	ne, at 12:01 a.m. o	n the earlier of:
Dated JANUARY 31	· 2019			
	Signature of a member or au		<u>.</u>	
PAUL JASINSKI	Authoriz	ad Register	red Agent)	

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Filing Fee: \$25.00