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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STAFF

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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
	7. <u>—1.5</u> 01 2	,	
		the same	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Kelly Olive		
		Name of Person	
	Common Grounds Brew ar	nd Roastery LLC	
		Firm/Company	
	12 S J Street		
		Address	
	Lake Worth FL 33460		
	meicgc@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cauon)
For further information of	concerning this matter, please of	all:	
Kelly Olive		561 386-7552 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
2 23.00 1 ming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

ľO:

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

Common Grounds Brew and Roastery, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our led Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparing document number 1.19000045654	any were filed on <u>02/14/2019</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
he new name must be distinguishable and contain the words "Limited L	nability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7 8
3. If amending the registered agent and/or registered	d office address on our re	conds enter the name of the ne
egistered agent and/or the new registered office address		100
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street	
	үлигү ү ияши мгеес	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent and a	agree to act in this capacity	. I further agree to comply with th
provisions of all statutes relative to the proper and compl		
accept the obligations of my position as registered agent of the control of the c		

If Changing Registered Agent, Signature of New Registered Agent

ompany has been notified in writing of this change.

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>	Name	<u>Address</u>	Type of Action
AP	Michael E. Olive	2400 SW 19th Ave. 136 Boynton Beach, FL 33462	Add
			■ Remove
			Change
			□ Remove
			Change
			Add
			🗆 Remove
			Change
			Remove
			Change
			Remove
			Change
			D Add
			□ Remove
			Change

			
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ctive date, if other than the d	ate of filing:		_(optional)
effective date is listed, the date must be. If the date inserted in this bloc	be specific and cannot be prior to dank does not meet the applicable	ate of filing or more than 90 d statutory filing requireme	lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
iment's effective date on the Dep	eartment of State's records.		
			2.01 the coeline
ecord specifies a delayed on the second specifies and the reconditions are second to the second second the second	rd is filed.	i enective time, at 1	z.vi a.m. on the earlier (
November 8 d	, <u>2019</u>		
	Valle Day	1	
	- 1111/22/2 (XI/~/		
S	ignature of a member or authorize	d representative of a member	r

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Filing Fee: \$25.00