

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:		e Roasters, LL	<u>-C</u>
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	2 <u>.</u>
	Vince	ent Fiumara Name of Person	. <u> </u>
	Palm	Coffee Roaste	rs, LLC
	<u>2238</u>	Hayes Stree	2+,
	Hollyn	VOOD, FL 330 City/State and Zip Code GG @ YOCKETM @/ De used for future annual report notific	20
	VINNYS E-mail address: (to	obe used for future annual report notific	cation)
For further information cond	cerning this matter, please cal	11:	
Vincent	Fiumara	at (Q14) 417 Area Code Daytime	-1562
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the t	following amount:		
□ \$25.00 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**

Palm Cottee Ro (Name of the Limited Liability Compa (A Florida Limited L	Dasters, LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900061363</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	were filed on $3/4/2019$ and assigned
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2238 Hayes Street, Hollywood, FL 33020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2238 Hayes Street Hollywood, FL 33020
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Vinc New Registered Office Address:	ent Fiumara 138 Hayes Street
H01	Enter Florida street address 1 \(\forall W \) O \(\text{O} \) City Florida 3 \(\text{3 \text{O}} \) 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>	Address	Type of Action
AMBR	Tamara Peterson	19101 SW 57+h COUFT	 □ Add
		Southwest Ranches,	⊠ Remove
		FL 33332	Change
<u>AMB</u> R	Teresa Decaria	19101 SW 57+4 Cour	<u>†</u> □ ∧dd
		Southwest Ranches,	Remove
		FL 33332	☐ Change
MGR	Vincent Fiumara	19101 SW 57th Cour	<u>7</u> , □ Add
		Southwest Ranches,	Remove
		FL 33332	_ ∑ Change
AMBR	Camilla Decaria	19101 SW 57th Court,	_ j⊠ [Add
		Southwest Ranches,	□ Remove
		FL 33332	_□ Change
			_□ Add
			Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

	·Authorized person: Vincent Fiumara
•	L> changing from Authorized
	member to Manager
E Gran	tive date, if other than the date of filing: (optional)
(If an e Note:	ffective 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
D.,	1 MAY 27 - 2019.
Date	
Date	Wint Fin
Date	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00