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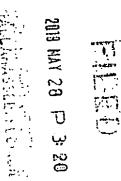
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## **COVER LETTER**

17141	ision of Cor	porations					
SUBJECT:	Coldfire Ro	asters, LLC					
Name of Limited Liability Company							
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Megan Spears					
		Coldfire Roasters, LLC	Name of Person				
		Firm/Company 1101 North Ward Street, Suite 200					
		Address Tampa, FL 33607					
		meganspears@mac.com	City/State and Zip Code				
For further in	formation co	E-mail address: () oncerning this matter, please ca	to be used for future annual report notif all:	ication)			
Megan Spear	rs		239 849-2291 at ( )				
	Name o	Person	Area Code Daytime	Telephone Number			
Enclosed is a	check for th	ne 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:

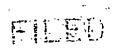
TO:

**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



Coldfire Roasters, LLC (Name of the Limited Liability Company as if now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 02, 2019 AFASSES of Local and assistant and Florida document number 1.19000091789 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Megan Spears Name of New Registered Agent: 1101 North Ward Street, Suite 200 New Registered Office Address: Enter Florida street address \_\_\_, Florida 33607 Zip Code Tampa

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□ Change
			Remove
			Change
		<del></del> -	Add
		<del></del>	☐ Remove
			Change
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		<del></del>	□ Change

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Filing Fee: \$25.00