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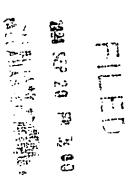
| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UF | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | ction porations | | • • • |
|----------------|--|--|--|---|
| | POSTMAR | K COFFEE ROASTERS, LLC | | |
| SUBJEC | , L; | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing | |
| | | ndence concerning this matter | | |
| | | JACQUELINE M. DURH. | AM, ESQ. | |
| | | | Name of Person | |
| | | KOONTZ & ASSOCIATE | ES, PL | |
| | | | Firm/Company | |
| | | 1613 FRUITVILLE RD. | | |
| | | | Address | |
| | | SARASOTA, FL 34236 | • | • |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report no | nification) |
| For furth | er information o | oncerning this matter, please c | all: | |
| JACQU | ELINE M. DUR | НАМ | 941 225-2615 at () | |
| Name of Person | | Area Code Dayti | me Telephone Number | |
| Enclosed | d is a check for t | he following amount: | | |
| 525 | .00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | 1. A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Corporations 17 | Street Address: Registration S Division of Co The Centre of 2415 N. Mont | orporations Tallahassee roe Street, Suite 810 |

9/18/2000

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| POSTMARK COFFEE ROASTER | | | | | _ |
|---|---|--|------------------|---------------|--------------|
| (Name of the Limi | ted Linbility Comp. (A Florida Limited | any as it now annears on our res Liability Company) | ords.) | | |
| The Articles of Organization for this Limited L | iability Company | y were filed on 06/13/2020 | | and | assigned |
| lorida document numberL19000158552 | | • | | | |
| This amendment is submitted to amend the fol | lowing: | | 15 | | |
| If amending name, enter the new name of | of the limited liab | bility company here: | | \mathcal{E} | 11 |
| N/A | | | . 41 | ب ن | grane t |
| he new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation "I | LLC" or the abi | breviation | -LIC" |
| Enter new principal offices address, if applicable: | | N/A | 44 | <u>Press</u> | - 1 - 1 |
| Principal office address MUST BE A STRE | ET ADDRESS) | | in the second | 35 | |
| Enter new mailing address, if applicable: | | N/A | | | |
| Mailing address MAY BE A POST OFFICE | Ξ <i>ΒΟΧ</i>) | | | | |
| | | | | | |
| 3. If amending the registered agent and/or gent and/or the new registered office addr | registered office ess here: | address on our records, <u>en</u> | ter the name | of the | new regis |
| | 1114 | | | | |
| Name of New Registered Agent: | N/A | | | | <u> </u> |
| Name of New Registered Agent: New Registered Office Address: | N/A | Enter Florida street ad | dress | | - |
| | N/A | Enter Florida street ad | dress Florida | | |

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

9/18/2000

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 | Address | Type of Action |
|--------------|------------------|-----------------------------|----------------|
| MGR | KIENAN STUBSTAD | 5134 18TH AVE. N. | []Add |
| | | ST. PETERSBURG, FL 33710 | |
| | | | |
| MGR | MICHAEL MARTELLA | 13210 PALMERS CREEK TERRACE | |
| | | BRADENTON, FL 34202 | Remove |
| | | | Change |
| | | <u> </u> | □Add |
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-9/14/2010 -

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| ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b ument's effective date on the D | ock does not meet in | ie applicable stan | filing or more than 90 story filing requirer | (optional) days after filing.) Pur ments, this date will | ruant to 605,0207 not be listed as |
| cord specifies a delayed effective filed. | e date, but not an eff | fective time, at 12 | :01 s.m. on the ear | lier of: (b) The 90 | th day after the |
| SEPTEMBER 9 | 202 | <u>.</u> | | | |
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Filing Fee: \$25.00

9/18/2000