L19000175064

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SECTIONS OF STATE

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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	tments LLC					
SUBJECT:	Name of Lin	nited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Danny Rodriguez Diaz				
		Name of Person		_		
		Drag Investments LLC				
		Firm/Company		_		
	4846 Veracity Pt Apt 122				2021 AUG -2	
		Address			S	-
	Sanford, FL, 32771					ſ
	City/State and Zip Code					
		acapgroup@gmail.com	English)		PM 2: I	
For foother information of		to be used for future annual report noti	ncation)	ं त्मे	2	
	oncerning this matter, please c	au;				
Danny Rodriguez Diaz	f Person	at (<u>407</u>) <u>453</u> Area Code Daytim	-3433 e Telephone Numb	er		
		,	·			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fed cate of Stand Copy and copy is a	atus &	ı
Mailing Addres Registration S	Section	Street Address: Registration Sec				
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•			
Tallahassee, l		2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drag Investments LLC			
(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	07/22/2021	and assigned
lorida document number119000175064			
his amendment is submitted to amend the following:			
If amending name, <u>enter the new name of the li</u>	mited liability company her	<u>·e</u> :	
.ux Coffee LLC			
he new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE <u>A STREET AD</u>	DRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		ALC/I	F
		S E S	<u> </u>
 If amending the registered agent and/or register gent and/or the new registered office address here 		cords, <u>enter the har</u>	no of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City		Zio 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
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			□Change
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lote: If the date in ocument's effective					ory filing requi	rements, this	date v	vill not	be listed:
record specifies a l is filed.	delayed effecti	ive date, but no	t an effective	time, at 12:0	l a,m. on the e	earlier of: (b)	The	90th d	ay after th
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Filing Fee: \$25.00