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MR S. S. JUB

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: COFFEY, LLC		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Stephen L. Coffey Name of Person		
COFFE UC Firm/Company		
368 Church Road		
tequesta F2 33469		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephen L. Coffey at (56L) 262-2859 Name of Person Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy 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		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COFFE	£ , LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on or ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1900 1944</u> .	pany were filed on <u>July</u> 18	30, 2019 and assigned
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 I	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our	records, enter the name of the nev
registered agent and/or the new registered office address	here:	N S
Name of New Registered Agent:		
New Registered Office Address:		55
	Enter Florida stro	et address
		, Florida
Now Burks 14 of Company	City	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
MBR	Stephen L. Coffey	368 Church Road Tequesta 3346	FL
			∏ Remove
			Change
			D Add
			□ Remove
		Change	
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			□ Remove
			□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:
If the reco (b) The 9	of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: • Oth day after the record is filed.
	August 16/1/2019
	Signature of a member or author/ed/representative of a member Stephen Company of a member

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Filing Fee: \$25.00