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Amend

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COVER LETTER

TO: F	Registration S Division of Co	ection rporations		
SUBJEC [*]	Conspirac	cy Coffee LLC		
SOBJEC	' ·	Name of Lin	mited Liability Company	·
The enclos	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please rett	ırn all correspo	ondence concerning this matter	r to the following:	
		Kyle Rademaker		
			Name of Person	
		105 Archwood Dr.	Firm/Company	
		St. Augustine, FL 32092	Address	
		kyle.rademaker1@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please c	all:	
Kyle Rade	emaker		941 915-1317	
	Name of	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e 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

ny as it now appears on our records.) Liability Company)	
were filed on August 06, 2019	and assigned
ility company here:	
lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
	· [6
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	C
ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the r
Enter Florida street address	
, Florida	Zin Code
	ility company here: Ity Company," the designation "LLC" or the designation and the designation are cords, en

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>	<u>Address</u>	Type of Action
AMBR	Kyle Rademaker	105 Archwood Dr. St. Augustine, FL 32092	Add
			□ Remove
			Change
			🗖 Add
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			Add
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		 	☐ Change
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17. H aµi	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	tive date, if other than the date of filing:
(f the re (b) The	cord 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.
Dated	August 21 2019
	Signature of a member or authorized representative of a member
	Kyle Rademaker Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00