

Special Instructions to Filing Officer:

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FILED  
2020 JAN 14 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cc/cys  
Amend  
Name chg

JAN 14 2020

ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Social House Coffee L.L.C  
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:

Arrelious Benn  
Name of Person

Social House Coffee  
Firm/Company

3575 Riverside Ave  
Address

Jacksonville, FL 32205  
City/State and Zip Code

Arreliousbenn17@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arrelious Benn at (202) 270-0317  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2019

ARRELIOUS BENN  
3575 RIVERSIDE AVE  
JACKSONVILLE, FL 32205

SUBJECT: SOCIAL HOUSE CAFE LLC  
Ref. Number: L19000207852

We have received your document for SOCIAL HOUSE CAFE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety as there are pages missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 219A00026269

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2020 JAN 14 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Social House Cafe LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 14, 2019 and assigned Florida document number L19000207852.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Social House Coffee LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4204 Herschel St  
Jacksonville, Florida 32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3575 Riverside Ave  
Jacksonville, Florida 32205

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:

Name of New Registered Agent:

Arrelious Benn

New Registered Office Address:

3575 Riverside Ave

Enter Florida street address

Jacksonville

City

Florida 32205

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.

Arrelious Benn  
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>	<u>Type of Action</u>
MGR	Darlene M Benn	3575 Riverside Ave Jacksonville FL 32205	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 6, 2020

Arvelious Benn

Typed or printed name of signee

**Filing Fee: \$25.00**