119000257125

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP 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 | | | | |
|--|--|--|--|-----------|
| SUBJECT: 1T (| AFE & LOUNGE Name of Lim | ited Liability Company | | |
| | Amendment and fee(s) are sub- | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Lovinel Conc | Rame of Person | | |
| | NIA | Firm/Company | | |
| | 150 Bear Spri | ngs Or Apr 373 Address | | |
| | Winter Springs | City/State and Zip Code | <u> </u> | |
| | hidden Clauden E-mail address: (1 | City/State and Zip Code Coffee Do OW Collaboration of State and Transport notification of the Collaboration of th | (OM) 2021 1330 | ند أي |
| For further information c | oncerning this matter, please ca | all: | | * . • . · |
| DYIMel Or Name o | Ce p Ci oo | | Telephone Number | . Th |
| Enclosed is a check for th | ne following amount: | | iπ ω | |
| \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IT (AFE & LOUNG | 1- IC | and a literary and an our records | | |
|---|----------------------|---|--|-------------|
| (Isame of the Little | A Florida Limited | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Lia Florida document number | | were filed on 10/14/2019 | and assi | gned |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| Hidden Garden Coffee | 10. LLC | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabil | lity Company," the designation "LLC" or the | abbreviation "L.L | C." |
| Enter new principal offices address, if applica | ıble: | 150 Bear Springs | Or APT | 373 |
| (Principal office address MUST BE A STREE | T ADDRESS) | Winter Springs Fl | _32708 | |
| | | | <u> </u> | |
| Enter new mailing address, if applicable: | | 150 Bear Springs | Dr APT | 373 |
| (Mailing address MAY BE A POST OFFICE I | <u>30X)</u> | Winter Springs Fl | 32708 | |
| | | | | Porto Co |
| D. 16 H | -1-41 - 6 0 | | | 5 } |
| B. If amending the registered agent and/or re agent and/or the new registered office addres: | - | address on our records, <u>enter the na</u> | ime of the new | registere |
| | | | P P | |
| Name of New Registered Agent: | NIA | | F 37 F 2 | 55' |
| New Registered Office Address: | NIA | | in i | |
| | | Enter Florida street address | | |
| | | , Florida _ | | |
| | | 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 |
|--------------|-------------------------------|-------------------------|-----------------------|
| MGR | Lorinal Concepcion | 150 Bear Springs Dr APT | 3730Add Keep |
| | | Winter Springs F1 32708 | □ Remove |
| | | | Change |
| AMBR | Kevin Rafael Rosado Nieves | 871 Hanford Dr | □Add |
| | 1416463 | Deltona (1 32738 | 🔄 Remove |
| | | □Change | |
| | | | \[\square \text{Add} |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records. | (optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 tatutory filing requirements, this date will not be listed as the |
| ne record specifies a delayed effective date, but not an effective time, at ord is filed. | 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated 01/24/2024 , 8:11 AM . Signature of a member or authorized | |
| Cianatrian of a mamban an airbaniand | renrecentative of a member |