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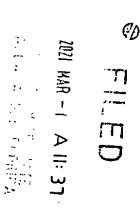
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SHRIFC	·1.	DF COFFEE							
SUBJEC	. 1 .	F:Name of Limited Liability Company							
The encle	osed	Articles of A	mendment and fee(s) are sub	omitted for filing	_				
			dence concerning this matter	-					
				LISANDRA CO	RDOV	ES			
		Name of Person							
				Firm/Com	pany			<u> </u>	
	Firm/Company 955 SW 2ND AVE APT 1407 Address MIAMI, FLORIDA 33130 City/State and Zip Code								
	Address								
			N						
			LISANDRACORDOVESS	37@GMAIL.CO	OM				
Con thinks	:	.Commention		to be used for futi	ire annua	il report notif	ication)		
			ncerning this matter, please c		2	05 2584			
LISANDRA CORDOVES Name of Person			305 at (Area ())	95-2584 Daytime	Telepho	one Number		
						·	·		
Enclosed	is a	check for the	following amount:						
■ \$25.0	90 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified tadditional	Copy			\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
1 1	Reg Div P.O	ling Address: distration Sociation of Co D. Box 6327 lahassee, Fl	ection rporations		Regist Division The Co 2415 N	Address: ration Secon of Corpentre of Tolerands N. Monroe assee, FL	ooratio allahas Street	ssee t, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DF COFFEE	LLC		
(Name of the Limi	ited Liability Company a (A Florida Limited Liabi	it now appears on our recor ity Company)	<u>ds.</u>)	
The Articles of Organization for this Limited I		e filed on 10/23/2019	and ass	igned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name (</u>	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability C	'ompany," the designation "LL	C" or the abbreviation "L	L.C."
Enter new principal offices address, if appli	cable:			
(Principal office a <u>ddress MUST BE A STRE</u>	ET ADD <u>RESS</u>)			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office add ess here:	ress on our records, ente	r the name of the ne	v register
Name of New Registered Agent: .	LISANDRA CORI	ooves	MAR	<u> </u>
New Registered Office Address:	955 SW 2ND AVE	APT 1407 Enter Florida street addre	-	
	MIAMI		lorida -33130 ==	D
		City	Zin Civila	

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>	Name	<u>Address</u>	Type of Action
MGR	LISANDRA CORDOVES	955 SW 2ND AVE APT 1407 MIAMI FL 33130	= Add
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			□Add
			□Remove
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Effective date, if other than the	hadata of filings	02/20/2021		>> (optional)	<u>ب</u>	
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and car block does not mee	t the applicable stat	f filing or more than 90 utory filing requiren	days after filing.)	Pursuant to f will not be l	605.0207 (isted as t
ne record specifies a delayed effec ord is filed.	tive date, but not an	effective time, at 1	2:01 a.m. on the earl	lier of: (b) The	e 90th day a	fter the
	,	2021				
Dated FEBRUARY 20		·				

Filing Fee: \$25.00

Typed or printed name of signee