## L20 0000 66165

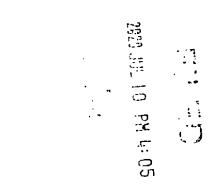
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SURJECT: G	pat Heat Cot	fee Co. LCC ited Liability Company	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Andy Latentant Name of Person	
	Goat	Head Coffee Co.	LLC
	5649	5 Coral Ridge D	rive Ste 274
	Core	City/State and Zip Code	076
	E-mail address; (t	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
And Name 6	Lafortant Person	at ( <u>G</u>   <u>G</u>   ) <u>S</u> S <u>C</u> Area Code Daytimo	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Goat Heat Cof	fee Co. LL(		
(Name of the Limited Liability Com	i <u>pany as it now appears o</u> ed Liability Company)	on our records.)	
,,	·-···	1	· The day
The Articles of Organization for this Limited Liability Compa	ny were filed on	0606   86   6	_ and assigned
Florida document number <u>L2000066165</u> .			σ
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
Goat Head Coffe	e Co. LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
	<del></del>	<u>-</u>	
Enter new mailing address, if applicable:		<del></del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name (</u>	of the new registered
agent and/or the new registered office address nere.			
Name of New Registered Agent:			
			-
New Registered Office Address:	V	ı street address	
	Enter Florida	i sireei aaaress	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>		

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
<u>Ambr</u>	Rob	pert E Excellent 5645 Coral Adge Da,	🗆 Add
		Suite 274, Coral Spring	FL Kemove
			□Change
1mbr	leslie	F Excellent 5645 Coral Ridge I	)Z. □Add
		Suite 274, Coral Sprij	FL X Remove
			□Change
			🗆 Add

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Hectiv an effe	re date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
lote: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	nt's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
1 10 1110	u.
41	Tuly 01 2020
ated _	1019 01
	Signature of a member or authorized representative of a member
	Signature of member or authorized representative of a member

Filing Ree: \$25.00