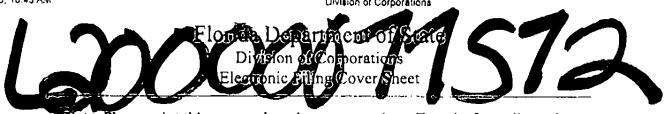
8/30/23, 10:43 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 : (954)384-8565 Phone Fax Number : (954)302-4976

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Support & of latinaccounting

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELYSIAN COFFEE BEANS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
C. T.	O.T.	COFFEE BEANS LLC	,.	,
SUBJE(	CT:	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		DIEGO FIGUEROA		
			Name of Person	·-·
		E&F LATIN GROUP LLC	2	
			Firm/Company	<del></del>
		1820 N CORPORATE LA	KES BLVD STE 109	
		<del></del>	Address	<del></del>
		WESTON, FL 33326		
			City/State and Zip Code	
		DIEGO@EFLATINACCO		
		E-mail address: (	to be used for future armual report notifican	on)
For furt	her information o	oncerning this matter, please c	all:	
DIEGO	FIGUEROA		954 384 8565	
	Name o	f Penson	Area Code Daytime Tel	ephone Number
Enclose	d is a check for th	he following amount:		
<b>≒ \$</b> 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address Registration 5		Street Address: Registration Section	n
	Division of C	Corporations	Division of Corpora	ations
	P.O. Box 632 Tallahassec, 1		The Centre of Talla 2415 N. Monroe St	
	ananassee, l	1 P 7 E 3 E 7	ול שלוווטווו או כודב	icol, Juile 010

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELYSIAN COFFEE BEANS LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/16/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	re:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	1820 N CORPORATE LAKES BLVD STE 109			
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 3	3326		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1820 N CORPO WESTON, FL 3	RATE LAKES BLVD 3326	STE 109	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r	ecords, enter the nam	ne of the new registere	
Name of New Registered Agent:				
New Registered Office Address:	Fater Star	ida street address	<u>&gt;</u> C	
	Enter plor		<u>.</u>	
	City	, Florida =	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 filled 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	TOBON, MAURICIO	221 MAJORCA AVE	
		CORAL GABLES, FL 33134	7-
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		<del></del>	
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ote: If th	date, if other than the ve date is listed, the date me he date inserted in this less than the less t	lock does not m	reet the applicab	le statutory filing re	(option than 90 days after file equirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed as
record sp is filed.	occifies a delayed effecti	ve date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ated	AUGUST 30		2023			
		Vi ey	Fran	ero-a) ed representative of		
	·	Signature ova n	sember or futhoris	ed representative of	member	<del></del>

Filing Fee: \$25.00