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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sunawatie J Robertson			
		Name of Person		-
	Firm Company 9952 Coronado Lake Dr Address Boynton Beach, F1 33437 City/State and Zip Code babitarugga@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
	9952 Coronado Lake Dr			_
		Address		
	Boynton Beach, Fl 33437			_
		City/State and Zip Code		
		to be used for future annual r	enort notification)	
For further information c			cpare mannerman,	
Sunawatie J Robertson				
Name o	f Person	Area Code	Daytime Telephone Numbe	1
linelosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certifica (Sect) Certified	nte of Status & I Copy
Mailing Addres Registration 5		<u>Street Ad</u> Registra	dress: tion Section	
Division of C			of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINA'S COFFEE HOUSE, LLC		10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5/18/2020	and assigned
Torida document number L20000133693		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		•
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, enter th	e name of the new regist
Name of New Registered Agent:		******
New Registered Office Address:	-	<u> </u>
	Enter Florida street address	
	Flor	ida
	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 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	Sunawatie J Robertson	9952 Coronado Lake Dr., Boynton Beach, Fl 33437	\int Add
			□Remove
			Change
AMBR	MBR Sherina T Robertson	9952 Coronado Lake Dr., Boynton Beach, Fl 33437	= Add
			URemove
			Change
ΛP	Sunawatie J Robertson	9952 Coronado Lake Dr., Boynton Beach, Fl 33437	
			≡ Remove
			Change
MGR	Sherina T Robertson	9952 Coronado Lake Dr., Boynton Beach, Fl 33437	= \(\tag{\tau} \)
			Remove
			Change
			LJRemove
			= Change
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cument	's effective date	e on the Departr	nent of State	i's records.				
ecord s _l is filed.	·	ed effective date	, but not an	effective time	s, at 12:01 a.m.	on the earlier c	of: (b) The 90t	h day after the
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	_E).Will	27 iwatie (j. iwatie	iture of a men	iber or authoriz	red representative	of a member		

Filing Fee: \$25.00