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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COYER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	-			
	reative LLC		•		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Robert Craig Massey				
		Name of Person			
	Javacup Creative LLC				
		Firm/Company			
	224 Via D Este #1205				
		Address		2020 ŽI	
	Delray Beach, FL 33445			2020 SEP	
		City/State and Zip Code		25 Allas	•
	ctmass13@gmail.com			P	
	E-mail address:	(to be used for future annual report notifica-	ition)	PH 4: 1	1
For further information of	concerning this matter, please of	ali:			
Robert Craig Massey		561 613-7042 at ()			
Name o	of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Mailing Address Registration S	Section	Street Address: Registration Section			
Division of C P.O. Box 632	-	Division of Corpo			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Javacup Creative LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on o ted Liability Company)	ur records.)	
he Articles of Organization for this Limited Liability Compa	any were filed on 07/31/20	20	_ and assigned
orida document number L20000230102			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	liability company here:		
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designat	tion "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS		<u>.</u>	
		-1; i	2021
		<u> </u>	SE THE
nter new mailing address, if applicable:			<u></u>
Mailing address MAY BE A POST OFFICE BOX)		Sec	77
		F1:	
		700	
. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our record	s, enter the name	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	<u> </u>
	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>	Name	<u>Address</u>	Type of Action
AMBR	Robert Craig Massey	224 Via D Este #1205	
		Delray Beach, FL 33445	□Remove
			⊟ Change
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Alexandra Pinard	Als fandra Pinard Signature of a member or authorized representative of a member	is filed.					
	Signature of a member or authorized representative of a member	September 23rd 2020 , ated,					