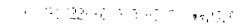
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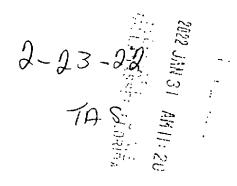
| (Reques | tor's Name) | |
|--------------------------------|-----------------|----------|
| (Address | s) | |
| (Address | 5) | |
| (City/Sta | te/Zip/Phone #) | <u> </u> |
| PICK-UP | WAIT | MAIL |
| (Busines | ss Entity Name) | |
| (Docum | ent Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing | Officer: | |
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| NC>A | | |

Office Use Only



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COVER LETTER

TO: Registration Section

| Division of C | orporations | | | | |
|---|---|---|--|--|--|
| | N COFFEE CO | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | ALFONSO FOSTER | | | | |
| | | Name of Person | | | |
| | FOSTER'S ACCOUNTIN | G SERVICES, LLC | | | |
| | | Firm/Company | | | |
| | 3270 SUNTREE BLVD | STE 101D | | | |
| | <u> </u> | Address | | | |
| | MELBOURNE, FL 32940 | | | | |
| | | City/State and Zip Code | | | |
| | 321CLIENTSERVICES@0 | | | | |
| | | to be used for future annual report no | etification) | | |
| For further information | concerning this matter, please c | all: | | | |
| ALFONSO FOSTER | | 321 323-3400 | | | |
| Name | of Person | Area Code Dayti | me Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addr Registration | | Street Address: Registration S | ection | | |
| Registration Section Division of Corporations | | _ | Registration Section Division of Corporations | | |
| P.O. Box 63 | | The Centre of | Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monr | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa | av ac it now appears on our records.) | |
|---|--|-----------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | iability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000243321</u> . | were filed on 04/28/2021 | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| VILLON RETAIL AND BEVERAGE, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 22 |
| (Principal office address MUST BE A STREET ADDRESS) | | 2 - |
| | | |
| | | 77. |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2, 10 |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | ddress on our records, <u>enter th</u> | e name of the new register |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| Traine or Front Teginette Tigen. | | <u> </u> |
| New Registered Office Address: | Enter Florida street address | |
| | . Flori | do |
| | , riori | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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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 | FRANK R PAWLEY | 214 SE 1ST STREET | □ Add |
| | | SATELLITE BEACH, FL 32937 | ■Remove |
| | | | □Change |
| | | | □Add |
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| ive date, if other than the date of | filing: | | (optional) | |
| fective date is listed, the date must be speci. If the date inserted in this block does | fic and cannot be prior to date o | f filing or more than 90 da | iys after filing.) Pursuant | to 605. he liste |
| nent's effective date on the Departmen | | ittory itting requiremen | no, tino date with not | <i>y</i> e 115te |
| | | | | |
| rd specifies a delayed effective date, b | ut not an effective time, at 1 | 2:01 a.m. on the earlie | r of: (b) The 90th da | y after |
| led. | | | | |
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