## L10 000269450

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/11/21--01013--026 \*\*25.00

2021 JAN 11 PM 2: 00 SECRETARY OF STATE

2/17/21 Cer

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:	KAVAFEST, LO	Lited 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:	
	Ros	SANA DIAZ	
		Name of Person	
		Firm/Company	
	3362 N	W 33vd Avenu	e
	<del></del>	Address	
	LAUDERDALV	E LAKES, FL 33	309
	~	City/State and Zip Code	<u>-</u>
	Konsil address:	AZ6610@GMA to be used for future annual report	IC . COM
For further information of	oncerning this matter, please c	•	invarication)
Rossal	NA DÍAZ	at (305) 3	301 2652
Name o	f Person		time Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 JAN 11 PM 2: 00

KAVAFEST

SECRETARY OF STATE

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on 08/31/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
En	tter Florida street address
Cuy	, Florida
New Registered Agent's Signature, if changing Registered Agent:	тар холас
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performal accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, is company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRESIDEN	1 ROSSAMA DIÁZ	3362 MW 3318 Quenue	□ Add
		Lauderdale Laker	□Remove
		FL,33309	Change
MGR	SEAN Feeley.	7173 Ovange Dr. Apt 221	_ 🗆 Add
	O	Davie, FL 33314	<b>②</b> (Remove
			□Change
			□ Add
			🗆 Remove
			□Change
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			□Remove
			□Change
			 □Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	re date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and self-ective date on the Department of State's records.
e record rd is 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
Dated _	January 7th 2021
	Signature of a member or authorized representative of a member
	Rossana Diaz

Filing Fee: \$25.00