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2020 DEC -7 AMIO: 13

LAA. 1/19/21

COVER LETTER

TO:

Registration Section Division of Corporations

Pino Mount	tain Coffee LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Eloisa A. Rodriguez			
		Name of Person		
	Pino Mountain Coffee LL	C		
		Firm/Company		
	900 SW 62nd Blvd H44			
		Address		
	Gainesville, FL 32607			
		City/State and Zip Code		
	eloisarodpino@gmail.com			
	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please co	all:		
Eloisa A. Rodriguez		352 3173744 at ()		
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		<u> </u>	Division of Corporations	
P.O. Box 632	7		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pino Mountain Coffee LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
lorida document number 1.20000299941		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abtreviation "L.L.C."
inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	<u></u>	
		A Ho
nter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, enter the	name of the new regi
www.or.eng.new.reg.merea.mmee address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
AMBR	Eloisa A. Rodriguez	900 SW 62nd Blvd. H44, Gainesville FL 32607	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		.	□Add
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			□Remove
			□Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date of: If the date inserted in this block does not meet the applicable statutory filing requirement occurrent's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is filed. December 2 2020	
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December 2 2020	
ated December 2 2020	of: (b) The 90th day after the
	·
Signature of a member or authorized representative of a member	•