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(Requestor's Name)
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	sion or cor	porations				
SUBJECT: _		OFFEE, LLC				
Name of Limited Liability Company						
rs 1d	4 mi -1 - m C	A and december and Contact and make	mined for films			
		Amendment and fee(s) are sub-	-			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Christian Gomez				
			Name of Person			
		84 PLUS COFFEE, LLC				
	Firm/Company					
		821 McCullough Ave Apt 421				
			Address			
	Orlando, FL 32803					
			City/State and Zip Code			
		christian.gomez028@gmail.				
			to be used for future annual report noti	ification)		
For further inf	formation co	oncerning this matter, please ca	all:			
Christian Gor	mez		407 408-7770 at ()			
	Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
≡ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

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

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/07/2020 and assigned Florida document number L2/000/38/1454

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CALIFLO ENTERPRISES, LLC

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 our records, enter the name of the new registered agent and/or the new registered office address here:

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

Name of New Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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			Remove
			☐Change
			Remove
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Effectiv	Warch 23, 2023 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Note: 1	nt's effective date on the Department of State's records.
Note: I docume	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
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