

L21 000067462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

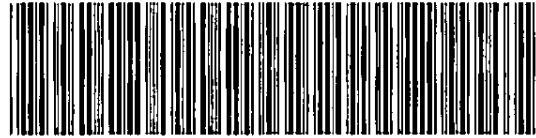
(Document Number)

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FILED
2023 JAN -5 PM 4:18
SECRETARY OF STATE
TALLAHASSEE FL

Amend

FEB 03 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L21000067462
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bethany Lassiter

Name of Person

Firm/Company

117 Shaleville Rd. Unit A

Address

Crawfordville, FL - 32327

City/State and Zip Code

atlascoffee comp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Lassiter

Name of Person

at (850)

Area Code

528 - 2917

Daytime 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 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

SECRETARY OF STATE
TALLAHASSEE, FL
JAN 5 2023

2023 JAN -5 PM 4:18

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2022

BETHANY LASSITER
117 SHADEVILLE RD
UNIT A
CRAWFORDVILLE, FL 32327 US

SUBJECT: ATLAS COFFEE CO LLC
Ref. Number: L21000067462

We have received your document for ATLAS COFFEE CO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 922A00028238

We didn't get our check back, so I assume that we didn't need to include another check.

Thanks!

2022 JAN -5 AM 11:23

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Atlas Coffee Co LLC

(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 02/02/2021 and assigned
Florida document number L21000067462

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sharon W. Lee	112 S. Magnolia Dr. Apt P202 Tallahassee, FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Baylee R Lee	112 S. Magnolia Dr. Apt P202 Tallahassee, FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Bethany Lassiter	Bethany Lassiter 7 Drake Elm Lane Crawfordville, FL 32327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Divida Schissler	Divida Schissler 34 Fair Way Crawfordville, FL 32327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated

12/29 2022

Bootham, Lassiter

Signature of a member or authorized representative of a member

Bethany Lassiter

Typed or printed name of signee