

L21000067462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

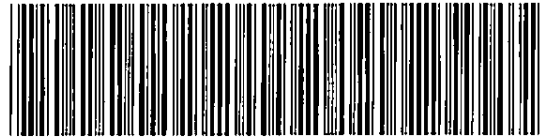
(Business Entity Name)

(Document Number)

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2024 JAN -5 PM 4:33
STOCKHOLM
FALL 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Atlas Coffee Co. LLC

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:

Amy Smith

Name of Person

Firm/Company

83 Fox Run Circle

Address

Crawfordville, FL 32327

City/State and Zip Code

atlascoffeecomp@gmail.com

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

For further information concerning this matter, please call:

Amy Smith

850 509-3274
at ()

Name of Person

Area Code

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

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RECEIVED
TALLAHASSEE

**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 2/8/2021 and assigned
Florida document number 1.21000067462.

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)

117 Shadeville Rd

Crawfordville, FL 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

83 Fox Run Circle

Crawfordville, FL 32327

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:

Amy Smith

New Registered Office Address:

83 Fox Run Circle

Enter Florida street address

Crawfordville

Florida 32327

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	Bethany Lassiter	7 Drake Elm Lane	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Divida Schissler	34 Fair Way	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amy Smith	83 Fox Run Circle	<input checked="" type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 3 2024

Amy Smith

Typed or printed name of signee

Filing Fee: \$25.00