## BE 210000126

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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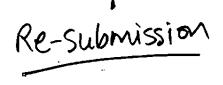
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## **COVER LETTER**

Division	tion Section of Corporations		
	m Barista LLC		
SUBJECT:	Name of I	Limited Liability Company	<del> </del>
The enclosed Artic	cles of Amendment and feets) are s	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	Andrea Lattanzi		
		Name of Person	
		Firm Company	
	1612 Pinewood Drive		
		Address	
	Clearwater, FL 33756	Same of Person  Firm Company  J Drive  Address  Address  City/State and Zip Code  mil.com  mil address, to be used for future annual report notification)  ter, please call:    1818	
		City/State and Zip Code	
	alattanzi92(g,gmail.com		
For further inform	E-mail addres ation concerning this matter, pleas	·	tification)
Andrea Lattanzi			
	Name of Person	Area Code Daytii	me Telephone Number
Enclosed is a chee	k for the following amount:		
□ \$25.00 Fiting	Fee S30.00 Filing Fee & Certificate of Status  This was paid  earlier and sha be on record	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing /</u>	be on record	Street Address:	
Registra	ation Section	Registration Se	
	n of Corporations		<del>-</del>
P.O. Bo Tallaha	ssee, FL 32314		rananassee oc Street, Suite 810

Tallahassee, FL 32303





## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2023

ANDREA LATTANZI 1612 PINEWOOD DRIVE CLEARWATER, FL 33756

SUBJECT: GREEN BARISTA LLC Ref. Number: L21000068638

We have received your document for GREEN BARISTA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the original date of filing/authorization in Florida.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company." "L.C.." "LC.." "Ltd.." and "Co."

The document number of the name conflict is L22000413938.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 023A00006779

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Green Barista LLC

2023 AUG 16 Pit 12: 05

(Name of the Limi	(A Florada Limited Liability Company)	 =:,社 <sup>[5]</sup>
The Articles of Organization for this Limited L Florida document number <u>1.21000068638</u>	Liability Company were filed on 9 February, 2021	
This amendment is submitted to amend the foll		
A. If amending name, enter the new name of	of the limited liability company here:	
D & A Prosperity Ventures LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applie	cable: N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the name of</u> ess here:	the new registere
Name of New Registered Agent:	N/A	<del></del>
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
	, Florida	
	. Florida, Florida	Lip 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>	<u>Address</u>	Type of Action
	N/A		🗖 Add
			□Remove
			——— ÜChange
			🗆 Add
			□Remove
			□Change
			Remove
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			∐Change

we want to chang	e it to Real Estate - buyi	ng and renting c	out real estate pro	perties.		
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effective date is listed <u>e:</u> If the date insert	er than the date of filing, the date must be specific and ed in this block does not after on the Department of	nd cannot be prior meet the applic	to date of filing or able statutory fili	more than 90 days		
cord specifies a dela s filed.	iyed effective date, but no	ot an effective ti	me, at 12:01 a.m	, on the earlier c	of: (b) The 90th	day after the
ed	14 August	2023	<u> </u>			
	, /	2				
<u> </u>	ndrea L	attas i member or auth	vyí vzedrepresentativ	e of a member		

Filing Fee: \$25.00