121000176640

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





400368906024

07/20/21--01015--012 **80.00

FILED

2021 JUL 20 AM 10: 18

SEC | VILLED AM 10: 18

0 KIUS...

COVER LETTER

istration So ision of Cor						
SUBJECT: Name of Limited Liability Company						
Articles of	Amendment and feets) are sub	mitted for filing				
		.				
	Lisa Marcelle					
		Name of Person				
	Coffee & Cones, LLC					
		Firm/Company				
	11854 US Highway 301					
		Address				
	Bryceville, Fl 32009					
	<u> </u>	City/State and Zip Code				
	lisa531@windstream.net					
formation c			ouncation)			
e		904 252-3314				
Name o	f Person	Area Code Day	time Telephone Number			
check for th	ne following amount:					
iling 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)			
		Street Address:				
Division of Corporations		-	Division of Corporations			
		The Centre of	f Tallahassee roe Street, Suite 810			
	formation c Check for the diling Address distration of Co. Box 632	Coffee & Cones, LLC Name of Lim Articles of Amendment and fee(s) are sub all correspondence concerning this matter Lisa Marcelle Coffee & Cones, LLC 11854 US Highway 301 Bryceville, FI 32009 Lisa531@windstream.net E-mail address: (afformation concerning this matter, please case) Name of Person check for the following amount: iling Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Lisa Marcelle Name of Person Coffee & Cones, LLC Firm/Company 11854 US Highway 301 Address Bryceville, FI 32009 City/State and Zip Code lisa531@ windstream.net E-mail address: (to be used for future annual report of formation concerning this matter, please call: e 904 Name of Person Check for the following amount: iling Fee \$\Begin{array} \$30,00 Filing Fee & Certificate of Status Certificate of Status Street Address: gistration Section Ission of Corporations Division of Corporations Division of Corporations Division of Corporation			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on or nited Liability Company)	r records.)
pany were filed on April 15,	2021 and assigned
liability company here:	
Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
<u></u>	
<u> </u>	202
	<u> </u>
	33
	
C	, , , , , , , , , , , , , , , , , , ,
lice address on our record	s, enter the name of the new registere
Enter Florida stre	et address
	Florida
City	Zip Code
<u> </u>	Enter Florida stre

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>	Address	Type of Action
			⊡Add
			□Change
			□ Add
			□ Пенюус
			□ Clumge
			□ Петюче
			☐ Change
			□Add
			□Remove
			☐ ☐ ☐ Change
			⊐Add
			□Remove
			□Change
			⊐Add
			□Change

	-
	· · · · · · · · · · · · · · · · · · ·
fective date, if other than the date of filing: $\frac{6/23/21}{2}$	(optional)
in effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records	
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted June 23,	, _[]
A Chil	Karecllo
Signature of a member or authorized	- O O O O

Typed or printed name of signee