L21000252264

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
BEST COF	FEE 8 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVEN R. PALACIO, F	SQ	
		Name of Person	
	PALACIO LAW, PLLC		
		Firm/Company	-
	421 SPRING VALLEY L	ANE	
		Address	
	ALTAMONTE SPRINGS	, FL 32714	
		City/State and Zip Code	
	STEVEN@THEPALACIO	FIRM,COM to be used for future annual report not	167
For further information c	enerming this matter, please c	·	meation
	vincerining this matter, preuse e		
Name of Person		407 276-7814 at ()	
Name o	el Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		Street Address: Registration Se	ection
Division of C	lo rp orations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BEST COFFEE 8 LLC

company has been notified in writing of this change.

2024 OCT 15 PM 3: 15

(Name of the Lim	ited Liability Compa	iny as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited I Florida document number 1.21000252264	liability Company		TALLAHASSEE FI OBIA		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de-	signation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		111 N ORLANDO AVE.			
(Principal office address MUST BE A STREA		WINTER PARK.	, FL 32789		
			·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		421 SPRING VALLEY LANE			
		ALTAMONTE SPRINGS, FL 32714			
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our rec	cords, enter the name of the new registe		
Name of New Registered Agent:	PALACIO LA	W,PLLC			
New Registered Office Address:	421 SPRING VALLEY LANE				
isew registered writee radicess.	Enter Florida street address				
	ALTAMONTE	ESPRINGS	, Florida 32714 Zip Code		
	City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the proj accept the obligations of my position as reg	per and complete	performance of n	my duties, and I am familiar with and		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
MGR	BEST COFFEE FRANCHISE COMP	PANY 1200 BRICKELLAVE, STE 1950	□Add
		MIAME FL 33131	■Remove
			Change
MGR	MAXIMILIANO NAVARRO	421 SPRING VALLEY LANE	= Add
		ALTAMONTE SPRINGS, FL 32714	□Remove
		 	□Change
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<u>ote:</u> If the date inserted in this blo	ck does not r	nect the appl:	cable statutor	y filing require	nents, this c	late will	not be li	sted as
ocument's effective date on the De	rai unicii oi s	state's record	٠.					
record specifies a delayed effective	date, but not	an effective	time, at 12:01	a.m. on the ear	lier of: (b)	The 90	th day af	ier the
is filed.								
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