L21000278477

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

TO:

TO: Registration Se Division of Cor			
iServ Coffe	e, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth B. Kirkpatrick		
		Name of Person	
		Firm/Company	
	PO Box 2495		
	Ocala, FL 34478	Address	79.0
		City/State and Zip Code	
	ken@heritagemanagement.	net	Q)
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	· <u>2</u>
Kenneth B. Kirkpatrick		352 482-0777 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, l	FL 32314	2413 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iServ Coffee, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L21000278477 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Brandon Kyle Dixon	PO Box 2495 Ocala, FL 34478	= Add
			□Remove
			□ Change
			DAdd
		 	□Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fee: If the date inserted in this block does not meet the applicable statutument's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
ford specifies a delayed effective date, but not an effective time, at 12: filed.	01 a.m. on the earlier of: (b) The 90th day after t
ed May 9	
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