121000424798

(Requestor's Name)			
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT.	CAFE CO	FFEE LOVE LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Sonia Becerra	
	-	Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #1320	
		Address	
		Houston, TX 77046	
		City/State and Zip Code	
	-	onmuise@icloud.com	
For further information	t:-mail address: (concerning this matter, please c	to be used for future annual report i	notification)
of future mornation	concerning this matter, piease e	ш.	
	Becerra	at ()	7-0450
Name (of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	the following amount:		
№ \$25.00 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 Addre Registration		Street Address Registration	
Division of Corporations		Division of C	Corporations
P.O. Box 63. Tallahassee,			of Tallahassee hroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAFE COFFEE LOVE LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appear	s on our records.)	<u>-</u>
(A Florida Emitte	d Liaointy Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	09/27/2021	and assigned
florida document numberL21000424798			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	ere:	
Cafe Latte Lo	ove LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the d	esignation "LLC" or the a	bbreviation "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)	•		
			F2)
		· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered office	e address on our re	ecords, <u>enter the na</u> t	_
gent and/or the new registered office address here:			X 00
		ξ.	29 P
Name of New Registered Agent:			
New Registered Office Address:		-	雪 表
	Enter Flor	ida street address	n
		, Florida	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

_____ □Remove

Article III	Other provisions, if any:	coffee cafe
<u></u>		
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· · · · · · · · · · · · · · · · · · ·		
Effective date, if other th	an the date of filing:	(optional)
		te of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 statutory filing requirements, this date will not be listed as the
	n the Department of State's records.	
e record specifies a delayed rd is filed.	effective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ad is tired.		
Dated October 11	2021	
Dated	11,	_
x/	ON	
^	Signature of a member or authorized	representative of a member
	Jonathan Muise	
	Typed or printed nar	na sfairean

Filing Fee: \$25.00