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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State E. E. Home "
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

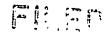
TO: Registration Section Division of Corporations
SUBJECT: CUPCARE CAFE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Theresa A. Taze well Name of Person
CUP CAFE CAFE U.C. Firm/Company
3 Flamingo DR. Address
Palm (CClst FL 3213) City/State and Zip Code There Sa 21986 @ Jahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa A Tazavell at 386 864-5169 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2022 JAH - 7 AM 11 O.

Cupake late LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 220000020</u> 32	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	230 St Joe Plaza Dr.
(Principal office address MUST BE A STREET ADDRESS)	Palm (oast FL 32164
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	nddress 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
	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Theresa A. Tazewell	3 Flamingo DR.	X (A)d
		3 Flamingo DR. Palm (const. FL 32	132 Remove
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Note:	ve date, if other than the date of filing: 1122 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the other of the date on the Department of State's records.
he record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	Jan 7th. 2027. Washer C. Foythand Signature of a member or authorized representative of a member
	Theresa A. Tazewell Typed or printed name of signee