## L22000024990

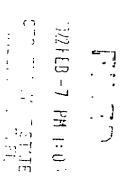
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:	ALTIER	ALBATRE L.L.C.	•
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	<del></del>
17350 STATE HWY 249 STE 220			
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		-10"
For further information c	n-mail address: (	to be used for future annual report no	otification)
	oncerning this matter, prease c		4.50
LOVETTE DOBSON		1 888-462-3 at ()	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for th	ne 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 S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALT	IER ALBATRE L.L.C.	127EB -7 PH 1:0;
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.).
The Articles of Organization for this Limited Liability C Florida document number L22000024990	Company were filed on 01/11/ 	/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	;
L' ATELIER ALABASTER COFFEE LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
_ <del></del>	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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ffective date, if other than the date must be defective date is listed, the date must be detective. If the date inserted in this block occurrent's effective date on the Dep	ik does not meet the ap	plicable statutory fr	(option more than 90 days after f ling requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
record specifies a delayed effective of the field.	date, but not an effectiv	ve time, at 12:01 a.n	1. on the earlier of: (b)	The 90th day after the
ated	2022			
2	gnature of a member of a			
Mrel.	Rodain	MUZ-		