

2200079830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BEST COFFEE 22 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:

CARMEN STEWART
Name of Person
NFCGC MANAGEMENT LLC
Firm/Company
8333 NW 53 STREET, SUITE 450
Address
DORAL, FLORIDA 33166
City/State and Zip Code
CARMEN.STEWART@JUANVALDEZCAFE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN STEWART 786 7199800
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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
Tallahassee, FL 32303

2004 JUN 16 PM 3:17
STATE
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEST COFFEE 22 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/24/2022 and assigned
Florida document number L22000079830.

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)

8333 NW 53 STREET

SUITE 450

DORAL, FLORIDA 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8333 NW 53 STREET

SUITE 450

DORAL, FLORIDA 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CARMEN STEWART

New Registered Office Address: 8333 NW 53 STREET, SUITE 450

Enter Florida street address

DORAL, Florida 33166

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 Changing Registered Agent, Signature of New Registered Agent

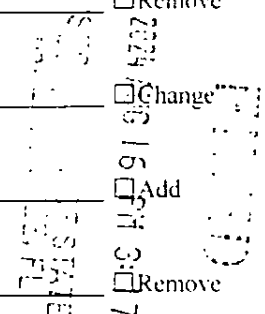
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NFCGC MANAGEMENT LLC	8333 NW 53 STREET, SUITE 450	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATAGONIA CAPITAL INVEST	1200 BRICKELL AVE., STE. 1950	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Best Coffee Franchise Company LI	218 NW 24th St	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 1, 2024, 12:01AM

Typed or printed name of signee

7-17-70
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