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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT:	. KOFFIE LLC		
SOBJECT.	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
	ELVIRA AO	OSTA	
		Name of Person	
	ELVIRA AC	OSTA ENROLLED AGENT INC. Firm/Company	
	401 CORAL	WAY SUITE 107	
		Address	
	CORAL GABI	LES FL 33134	
		City/State and Zip Code	
	taxmaster(abellsouth net : (to be used for future annual report not	olfication)
For further informati	on concerning this matter, please		integrions
ELVIRA ACOS	TA me of Person	at (<u>305</u>) <u>541–933</u> Area Code Daytin	
144	ine of retson	Area Code Daytin	nc Telephone Number
Enclosed is a check f	for the following amount:		
☐ \$25.00 Filing Fc	c S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	
_	on Section	Registration Sc	
P.O. Box	of Corporations	Division of Co The Centre of T	
	ec, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

KOFFIE LLC

The Articles of Organization for this Limited Liability Company	were filed on January 13, 2022	and assigned
Florida document number L22000087547		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity.company.here	
The new name must be distinguishable and contain the words "Limited Liabilit	Company in the delication of the Company	
D THE STATE OF STATE	y company, the designation the or, me	appreviation "L.L.E."
Enter new principal offices address, if applicable:		ر است المستقد من المستقد
(Principal office address MUST BE A STREET ADDRESS)		2
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
nter new mailing address, if applicable:		Series Control
Mailing address MAY BE A POST OFFICE BOX)		3
		O. 49
	The state of the s	1. OH 1.
If amending the registered agent and/or registered office ad	dress on our records, enter the na	me of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent:	ું કર્યું કહેલું કહેલ <u>૧૦૦૦ સમાર્થક કર્યું</u> કહેલ	
New Registered Office Address:		
Negationed Office Address.	Enter Florida street address	
	The same and the s	
	- Florida	
	City	Zip Code
Registered Agent's Signature, if changing Registered Agent:		、二 ・ ・ ・ ・ ・

Net

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 ramifamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document heing 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 Ageni

or remove	d from our records:	nanage, enter the title, name, and address of each	4.
•			
MBR =	Manager Authorized Member		
•			
<u> Fitle</u>	Name	Address	Type of Action
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If amending any other inform	ation, enter change(s) here: (Attach additio	nal sheets, if necessary),
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effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing.	re than 90 days after filing.) Pursuant to
ument's effective date on the Dep	partment of State's records.	Address of the control of the contro
ord specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on	the earlier of (b) The 90th days
filed.	•	
In 21		
June 21	2024	
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<u> </u>	ignature or a member or authorized representative of	f a member
Delfina D. Lazzaro		
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	Typed or printed name of signee	THE RESERVE OF

Filing Fee: \$25.00