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FILED 2022 Jun - 3 Ph 12: 2 Secretary of Stat

COVER LETTER

(additional copy is enclosed) Certified Copy		Registration Se Division of Cor			
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: Manuel Acevedo Name of Person Getn Roast'd LLC Firm/Company 2010 Apricot Dr Address Deltona FL 32725 City/State and Zip Code info@getnroastd.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Manuel Acevedo Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \Bigcircles \text{S0.00 Filing Fee} \& \Bigcircles \text{S60.00 Filing Fee} \& \Bigcircles \text{Certificate of Status & Certified Copy (caldibional copy is enclosed)} \text{Certificate of Status & Certified Copy (caldibional copy is enclosed)}	end nec		d LLC		
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Please return all correspondence concerning this matter to the following: Manuel Acevedo	The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Name of Person				_	
Getn Roast'd LLC Firm/Company			Manuel Acevedo		
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Deltona F1, 32725 City/State and Zip Code info@getnroastd.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Manuel Acevedo 386 216-0810 at (Getn Roast'd LLC		
Deltona F1, 32725 City/State and Zip Code info@getnroastd.com E-mail address: (to be used for future annual report notification)	Firm/Company 2010 Apricot Dr Address				
Deltona F1, 32725 City/State and Zip Code info@getnroastd.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Manuel Acevedo at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2010 Apricot Dr		
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For further information concerning this matter, please call: Manuel Acevedo			* -		
Manuel Acevedo Sab 216-0810				•	otification)
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Mailing Address:Street Address:Registration SectionRegistration Section					Section
Division of Corporations Division of Corporations	I	Division of C	orporations	Division of C	orporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -3 PM 12: 27

Getn Roast'd LLC

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

	manning ownpany,	-AIIKSSEE, FE
The Articles of Organization for this Limited Liability Company	were filed on Februrary 28, 2022	and assigned
Florida document number 1.22000103155		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Getn Roast'd LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2010 Apricot Dr	
Florida document number 1.22000103155 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited life of the new name must be distinguishable and contain the words "Limited Life of the new name must be distinguishable and contain the words "Limited Life of the new name must be distinguishable and contain the words "Limited Life of the 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.) 3. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address:		
Mailing address MAY BE A POST OFFICE BOX)	2010 Apricot Dr	
	Deltona FL 32725	
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	the name of the new register Sorida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is

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
			□Add
			□Remove
			Change
			□Add
			□Remove
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Effective date, if other that (If an effective date is listed, the d	an the date of f late must be specifi	lling: c and cannot be prior	to date of filing or	more than 90 days aft	t ional) er filing.) Pursuant to 605.020	7 (3)(
Note: If the date inserted in document's effective date or	this block does i	not meet the applic	able statutory fil			
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he record specifies a delayed e ord is filed.	effective date, bu	t not an effective t	ime, at 12:01 a.m	. on the earlier of: ((b) The 90th day after the	
Dated May 31		2022	·			
		7 11	\wedge			
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Typed or printed name of signee