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(Re	equestor's Name)			
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400403501304

S. ROBERTS
MAY 1 1 2023

COVER LETTER

TO:	Registration Sec Division of Corp				
CHID IE	MDT CAPI				
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		JONATHAN TAYLOR			
			Name of Person		
		RESCUE BREW COFFER	ECO.		
			Firm/Company		
		2220 CR 210 W, SUITE 1	08-163		
			Address		
		SAINT JOHNS, FLORIDA	A 32259		
			City/State and Zip Code		
		RESCUEBREWCOFFEEC	-		
		E-mail address: (to be used for future annual report noti	fication)	
For furth	her information co	oncerning this matter, please ca	all:		
JONATHAN TAYLOR		904 9945588			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed	d is a check for th	e following amount:			
≡ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S	ection	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

lity Company as it no da Limited Liability Co	ow appears on our records.) Ompany)		
Company were file	ed on 3/14/2022	and assigned	
nited liability com	pany here:		
mited Liability Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."	
2220 C	R 210 W		
RESS) SUITE	108-163	207	
	JOHNS, FLORIDA 32259	-	
2220 C	R 210 W	- 7	
SUITE	108-163		
SAINT	JOHNS. FLORIDA 32259	=	
ed office address o	on our records, <u>enter the na</u> i	ne of the new registe	
	· · · · ·	 -	
	Florida <u>3</u>	2259	
City		Zip Code	
	mited liability committed Liability Compa 2220 C SUITE SAINT 2220 C SUITE SAINT 4 THAN TAYLOR CR 210 W, SUITE	mited liability company here: mited Liability Company," the designation "LLC" or the acceptance of the second sec	

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

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
MGR	CHRIS MACHENBERG	808 WREN RD	□ Add
		JACKSONVILLE, FLORIDA	■Remove
		32216	□Change
			□Add
		····	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
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		<u></u>	□Remove
			□Change
			□ Add
			□Remove
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) 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. If the record 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 record is filed. MARCH 20TH Signature of a member or athorized representative of a member JONATHAM TAYLOR

Typed or printed name of signee