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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Okyrobiciziph Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 MAY 20 PM 1:31

COVER LETTER

Division of Cor	•					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Emily Megan	<u> </u>				
		Name of Person				
	Giddy Cup Coffee LLC					
		Firm/Company				
	2765 Novus Place					
		Address				
	Sarasota, Florida 34237					
		City/State and Zip Code	_ 			
	giddycupcoffee@gmail.con					
	E-mail address: (to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please co	all:				
Emily Megan		978 8772816 at ()	_			
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for the	he 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)			
		Street Address				

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	2022 MAY 20 PM 1: 31
ited Liability Company as it now appears o	n our records.)
(A Florida Elimied Clabinty Company)	SECRETARY OF STATE TALLAHASSEE, FL
iability Company were filed on 04/20.	/2022 and assigned
slability company were med on	
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lowing:	
of the limited liability company here	:
words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
N/A	
cable:	
ET ADDRESS)	
N/A	
	-
<u></u>	
registered office address on our reco	ords, enter the name of the new regist
Emily Magan	
Limiy Wegan	
2765 Novus Place	
Enter Florida	street address
Sarasota	, Florida 34237
City	Zip Code
	words "Limited Liability Company," the designable: N/A

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

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
MGR	Emily Megan	2765 Novus Place Sarasota, FL 34237	≅Add
			□Remove
			□ Change
			🗀 Add
			Remove
			□Change
			□ Remove
			□ Change
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			Remove
			□Change
			🗆 Add
			□Remove

N/A			
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			<u></u>
	N/A		_
ective date, if other than the dat n effective date is listed, the date must be	e of filing:	ite of filing or more than 90 day	(optional) 's after filing.) Pursuant to 605.020
te: If the date inserted in this block	does not meet the applicable	statutory filing requirement	ts, this date will not be listed a
cument's effective date on the Depart	ment of State's records.		
ecord specifies a delayed effective da	te but not an effective time.	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
is filed.			
ted May 17			
Qnna	ily mega	(1 A)	
UVVU	nature of authorize	d representative of a member	

Typed or printed name of signee