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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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SECKETARY OF STATE DIVISION OF CONFERALISK

8EP 0 6 2022

R. HUNT

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
| Miss April                             | s Coffee Shop LLC                           |   |  |
| SUBJECT.                               | Name of Lim                                 | ited Liability Company                          |  |
|  |   |   |  |
|  | Amendment and fee(s) are sub                |   |  |
| Please return all correspo             | ondence concerning this matter              | to the following:                               |  |
|  | April Butler                                |   |  |
|  | <del></del>                                 | Name of Person                                  | <del></del>  |
|  |   |   |  |
|  |   | Firm/Company                                    |  |
|  | 9699 SE County Road 319                     |   |  |
|  |   | Address   |  |
|  | Trenton F1, 32693                           |   |  |
|  |   | City/State and Zip Code                         |  |
|  | missapril711@gmail.com<br>E-mail address: ( | to be used for future annual report notif       | fication)  |
| For further information of             | concerning this matter, please ca           | all:  |  |
| April Butler                           |   | 941 286-5097                                    |  |
| Name                                   | of Person                                   | at ()<br>Area Code Daytime                      | e Telephone Number   |
| Enclosed is a check for t              | he following amount:                        |   |  |
| □ \$25.00 Filing Fee                   | ■ \$30.00 Filing Fee &                      | ☐ <b>\$</b> 55.00 Filing Fee &                  | □ \$60.00 Filing Fee,  |
| _ 325.507 maig 1 00                    | Certificate of Status                       | Certified Copy<br>(additional copy is enclosed) | Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  |   |   |  |
| Mailing Addre                          |   | Street Address:                                 | ction  |
| Registration Division of (             |   | Registration Sec<br>Division of Cor             |  |
| P.O. Box 632                           |   | The Centre of T                                 |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DEVISION OF CONFORMING

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Miss Aprils Coffee Shop LLC   |   |                           |
|---|---|---------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   | ny as it now appears on our records.)<br>.iability Company) |                           |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000 3309 25</u>     | were filed on $\frac{5/21/302}{3}$                          | and assigned              |
| This amendment is submitted to amend the following:   |   | 2022 SEP                  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                           |
| The Java Press, LLC   |   | တီ ဗွ်                    |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or th                  | e abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | 9699 SE County Road 319                                     | #12:07                    |
| (Principal office address MUST BE A STREET ADDRESS)   | Trenton FL 32693  | 07                        |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                             |   |                           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the n                         | ame of the new registered |
| Name of New Registered Agent:   |   |                           |
| New Registered Office Address:  | Enter Florida street address                                |                           |
|   | . Florida   |                           |
|   | Ciţy  | Zip Code                  |
| Many Desistant Ament's Circuture if changing Desistant Agents   |   |                           |

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 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                                       |
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| Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the document's effective date. | must be specific as is block does not | nd cannot be prior to<br>meet the applica<br>'State's records. | ble statutory fili | nore than 90 days a<br>ng requirements, | this date will not | be listed a |
|  |                                       | ot an effective tin  | ne, at 12:01 a.m.  | on the earlier of:                      | (b) The 90th da    | y after th  |
| e record specifies a delayed efferd is filed.  | ective date, but no                   |  |                    |   |                    |             |
| rd is filed.   | ective date, but no                   | 12:01 am   | _·                 |   |                    |             |
| ne record specifies a delayed effect is filed.  Dated 09/01/2022   |                                       | 12:01 am   | ized representativ | e of a member                           |                    |             |

Filing Fee: \$25.00