

L22 000 295417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

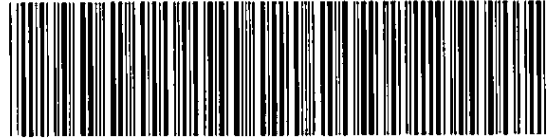
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2024 JUN 12 AM 8:52

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGHER HEAVENLY COFFEE LLC
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:

Dioscamaris Mendez Ruiz

Name of Person

HIGHER HEAVENLY COFFEE LLC

Firm/Company

434 Cheshire way

Address

Davenport, FL 33897

City/State and Zip Code

higherheavenlycoffee@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dioscamaris Mendez Ruiz

407 454-4026
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

HIGHER HEAVENLY COFFEE LLC

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

2024 JUN 12 AM 8:52

The Articles of Organization for this Limited Liability Company were filed on 03/06/2024 and assigned
Florida document number 1.22000295417

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dioscamaris Mendez Ruiz

New Registered Office Address:

434 Cheshire way

Enter Florida street address

Davenport

City

Florida 33897

Zip Code

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a small, dark, oval-shaped mark or smudge. The rest of the page is empty except for the lines.

(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)

Dioscorides' Medical Ruin



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2024

DIOSCAMARIS MENDEZ RUIZ
434 CHESHIRE WAY
DAVENPORT, FL 3897

SUBJECT: HIGHER HEAVENLY COFFEE LLC
Ref. Number: L22000295417

We have received your document for HIGHER HEAVENLY COFFEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00011655

