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Certified Copies	Certificate	s of Status
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850), 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fairmount Cafe, I	LC		
			
			Art of Inc. File
	· · · · · · · · · · · · · · · · · · ·		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<u> </u>	Fictitious Owner Search
J			Vehicle Search
		_ 	Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In		Jp	Courier

COVER LETTER

TO: Registration So Division of Cor				
FAIRMOU SUBJECT:	INT CAFE, LLC			
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CLIFFORD R. RHOADES	S		
		Name of Person		
	CLIFFORD R. RHOADES	S, PA		
		Firm/Company		
	2141 LAKEVIEW DRIVE	<u>:</u>		
	-	Address		
	SEBRING, FL 33870			
		City/State and Zip Code		
	RFLUX107@GMAIL.COM	A to be used for future annual report not	(fication)	
English information a		•	incation)	
	oncerning this matter, please c			
ROGER FLUX		727 710-0826 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	SEBRING	, Florida 33870
new registered Office reduces.	Enter	Florida street address
New Registered Office Address:	3750 US HWY 27 NORTH,	SUITE 4E
Name of New Registered Agent:	ROGER FLUX	
gent and/or the new registered office addre	ss nere:	
		ur records, enter the name of the new regist
		·
		÷ 5
Mailing address MAY BE A POST OFFICE	BOX)	į, į
nter new mailing address, if applicable:		
		5 1
Principal office address MUST BE A STREE	<u> </u>	-
nter new principal offices address, if applic		70 W T
he new name must be distinguishable and contain the v	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
. If amending name, enter the new name o	f the limited liability compan	<u>y here</u> :
his amendment is submitted to amend the foll		
lorida document number L22000321948	momey company were meet a	
he Articles of Organization for this Limited L	iability Company were filed or	JULY 21, 2022 and assigned
\ <u></u> -	ted Liability Company as it now as (A Florida Limited Liability Compa	ny)
1, 1410 01 the 1,000		

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	KEITH URWEIDER	3750 US HWY 27 NORTH, SUITE 4E	□Add
		SEBRING, FL 33870	=Remove
			□ Change
MGR	MICHELLE URWEIDER	3750 US HWY 27 NORTH, SUITE 4E	□Add
		SEBRING, FL 33870	=Remove
			□Change
MGR	ROGER FLUX	3750 US HWY 27 NORTH, SUITE 4E	= Add
		SEBRING, FL 33870	□Remove
			© Change
			🗆 Add
			□Remove
			Change
			□Add
		<u> </u>	□Remove
			Change
			□Add
			□Remove
			☐ Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: SEPTEMBER 1, 2022 (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 605.020. Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated A ROGUE TOWNSHEEL ROGER FLUX						
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Signature of a member or authorized representative of a member	Dated SEPTEMBER I		2022			
Signature of a member or authorized representative of a member	A ROW	1) A				
	- 1 39,	Signature of 1	nember or authoriz	ed representative of a	member	

Filing Fee: \$25.00

COVER LETTER

TO: Registration Solution of Con					
	JNT CAFE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CLIFFORD R. RHOADE	S			
		Name of Person			
	CLIFFORD R. RHOADES	S, PA			
		Firm/Company			
	2141 LAKEVIEW DRIVE	<u>.</u>			
		Address			
	SEBRING, FL 33870				
		City/State and Zip Code			
	RFLUX107@GMAIL.COM				
		to be used for future annual report no	utication)		
For further information c	concerning this matter, please c	au:			
ROGER FLUX		727 710-0826 at ()			
Name o	of Person	Area Code Daytir	me Telephone Number		
Enclosed is a check for t	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)		
Mailing Address: Registration Section		Street Address:			
Registration (Division of C		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of	The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303