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(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

 TO: Registration Se	ection	•	•.	•
Division of Cor				•
KOSS CAF	E. LLC			
SUBJECT:		-th-41 inbiling Community		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANIELA PERRINO			
		Name of Person		
	KOSS CAFE, LLC			
		Firm/Company		2:
	155 LAKEVIEW DR, SUI	TTE 102		22 SEP 12
		Address		2
	WESTON, FL 33326			,
		City/State and Zip Code		AM 10: 30
	DANIELAPERRINO@HO			30
		to be used for future annual report notific	:ation)	
For further information c	oncerning this matter, please c	all:		
DANIELA PERRINO		954 495-3866 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy (additional copy is encl	
Mailing Addres	_	Street Address:		
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Division of C	OLDOIAUOUS	Division of Cord	DIALIUUS	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOSS CAFE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/21/2022 _ and assigned 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: New Registered Office Address: Enter Florida street address City

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>	<u>Name</u>	Address	Type of Action
MGR	DANIELA PERRINO	155 LAKEVIEW DR, SUITE 102	= Add
		WESTON, FL 33326	□Remove
			□ Change
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			22 Over P 1 2 Curk Of A 11 over 1 ove
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			□Change
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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st		
cument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of (b). The 90th day afte	er th
is filed.	The your day and	
ded 08/01/2022, Clessander Joulu Signature of a member or authorized r		
(1/200MN EN LOS IN		

Filing Fee: \$25.00