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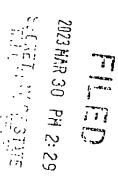
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Y. SCOTT MAY 17 2023

## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
	Ea Room LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub Please return all correspondence concerning this matter	_
riease return an correspondence concerning this matter	to the following.
Emaly R Blue BOHL	e Tea Room LLC Firm/Company
6047 c/4h	Numero Nu
	Richel, PL 34653 City/State and Zip Code
Fradriquez E-mailaddress: (	2 ma/c, \$0 Dama/.com (to be used for future annual eport notification)
For further information concerning this matter, please ca	rall:
Chay Rodriguez Name of Person	at (\$13) 562-1148 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 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	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

· · · · · · · · · · · · · · · · · · ·	A Florida Elithica Elabinity Company)
The Articles of Organization for this Limited Lia Florida document number <u>L22000 3 7 S</u>	ability Company were filed on August 25, 2022 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of Blue Bottle Act wor The new name must be distinguishable and contain the wo	the limited liability company here:  **CLLC**  ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	[ADDRESS]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30 PH 2: 29
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, enter the name of the new registered s here:
Name of New Registered Agent:	Emaly Rodriguez 6047 44h Ave Enter Florida street address
New Registered Office Address:	6047 44h AVC Enter Florida street address
	New Port Richey Florida 34/653 Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 Degistered Agent, Agenture 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
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cord specifies a delayed effective date, but not an effe s filed.	ective time, at 12:0	01 a.m. on the earl	ier of: (b)	The 90t	h day after th
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Signature of a member	r of authorized repre	Sentative of a membe	er		