L22000423198

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TO:	Registration Sec Division of Corp				, · · · · ·		
eub ie	SEÁSCAPE	COFFEE, LLC	<i>;</i>				
SUBJE	Name of Limited Liability Company						
The end	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.				
Please i	eturn all correspor	ndence concerning this matter to	the following:				
		CHRISTINE S. LADWIG					
			Name of Person				
		DUNLAP & SHIPMAN, P.,	A.				
			Firm/Company				
	2063 S COUNTY HWY 395 Address						
		SANTA ROSA BEACH, FL 32459					
		City/State and Zip Code					
		CHRISTINE@DUNLAPSHI					
			be used for future annual	report notificat	lion)		
For furt	her information co	incerning this matter, please cal	d:				
CHRIS	TINE S LADWIG		850 23 at ()	1-3315			
	Name of	Person	Area Code	Daytime Te	elephone Number		
Englose	ed is a check for the	e following amount:					
S \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		¹ S50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	Mailing Address Registration S	 '	<u>Street A</u> Registr	ddress: ation Sectio	on		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 2385D38A-0D82-4F63-8F3D-A3BDC7047D09 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SEASCAPE COFFEE, LLC				
(Name of the Limited L (A F	<mark>iability Compa</mark> Iorida Limited I	ny as it now appea Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L22000423198	ity Company	were filed on Si	EPTEMBER 30, 2022	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liab	ility company h	ere:	
CAUSEWAY COFFEE, LLC				
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	N/A		
(Principal office address MUST BE A STREET A	DDRESS)			202 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis agent and/or the new registered office address he had not been been been been been been been bee	tered office :		records, enter the n	FILED DEC 12 MID: CHARASSEE FILE DEC 12 MID:
			, Florida	
-	 	City	, riorida	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete ed agent as _l istered office	performance op provided for in	f my duties, and I a Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2385D38A-0D82-4F63-8F3D-A3BDC7047D09 in amending Authorized rerson(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
N/A			□Add
			Remove
			□Change
-			□Add
			Remove
			□ Change
			🗆 Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
	
(If an e <u>Note</u>	tive date, if other than the date of filing:
If the reco	ord 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 filed.
Date	i 11/14/2022
2000	Docusigned by:
	E7479668215C43D Signature of a member or authorized representative of a member
	CHRISTOPHER R. HARPER, MEMBER

Filing Fee: \$25.00

Typed or printed name of signee