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COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

Encounter

The enclosed Articles of Amend	ment and fee(s) are sub	omitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	Charik	a.R.Corea Name of Person	
	Encounte	r Coffee SI	nop LLC
	6700	Firm/Company Matanlas Address	Drive PROEC-6
_		ing Floride City/State and Zip Code	<u>a 33</u> 871
		to be used for future annual report notification.	fication)
For further information concernication concernicati	-	at (<mark>863</mark>) 784 Area Code Daytime	8196
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for the follo	wing amount:		
4	30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Encounter (Name of the Limited Lia (A Flo	Coffee ability Company as it no	Shop w appears on our	LLC	<u> </u>		
The Articles of Organization for this Limited Liabilit	y Company were file	ed on 10/	14/202	$\underline{\mathcal{L}}$ and	Lassigned	j
Florida document number <u>L2200044</u>	28 98	·	/			
This amendment is submitted to amend the following). 1*					
A. If amending name, enter the new name of the	limited liability com	pany here:				
The new name must be distinguishable and contain the words "	Limited Liability Compa	ny." the designation	n "LLC" or the abb	reviation	n "L.L.C."	
-						
Enter new principal offices address, if applicable:					~>	
(Principal office address MUST BE A STREET AD	<u> DRESS </u>		· ·		2	
				+- 5.1 +- 1.1	<u> </u>	
					(T)	
Enter new mailing address, if applicable:				٠.	© \	
(Mailing address MAY BE A POST OFFICE BOX)				,	117	
muning duares mai be a rost of recoon	<u></u>				39	-
					Gr Gr	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		on our records,	enter the name	of the	new reg	istered
Name of New Registered Agent:	Charik	ca.R.C	orea			
New Registered Office Address:	Charik 6700	Mat Enter Florida street	anzas address	$\overline{\mathcal{D}}$	ri've	<u>-</u>
		'ng				
NO. 15 TA . 1 6 42 625 A . 16 (B. co. about 11 color	and the same					

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
AMBR	Legal 200m	5575 South Semoria	<u>^</u> □Add
		Blvd Swite 36	
		Orlando FL 32822	_ □Change
MGR	CharikaR. Corea	6700 Matanzas Dn'	w≅∕Add
		Sebring Florida	_ □Remove
		33871	<u>.</u> □Ghange
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