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COVER LETTER

TO:

TO: Registration Se Division of Cor			
/	ECLEANING SOLUTIONS L	LC	
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
	ondence concerning this matter	-	
	SERGIO HENRIQUEZ		
		Name of Person	
	CAPIRO COFFEE TRAD	ING	
		Firm/Company	
	17110 SW 33 CT.		
		Address	_
	MIRAMAR, FLORIDA 3.	3027	
	INFO@CAPIROCOFFEE.	City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	_
For further information c	oncerning this matter, please c	all:	
SERGIO HENRIQUEZ		786 557-2401 at (
Name o	f Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)) Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE BEE CLEANING SOLUTIONS 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 $\frac{10/21/2022}{10/21/2022}$ and assigned Florida document number 122000454665 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAPIRO COFFEE TRADING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 , Florida _

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
			🗆 Add
			□Remove
			□Change
			□ Add
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