L23000016460

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2023 SEP 19 FH 3: 0

COVER LETTER

| TO: Registration Section Division of Corpor | | | | |
|--|---|---|------------------|---------------------------------|
| SUBJECT: <u>LA MARIPO</u> | | Г. LLC ited Liability Company | | |
| The enclosed Articles of Amo | endment and fee(s) are sub | mitted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| | Corpor | ate Maintenance Lea | ad | |
| | _ | Name of Person | | |
| Processing Department Firm Company | | | | |
| | | | | |
| | 1450 Vassar St | | | 202 SE |
| | | | | 330 380 38 EX |
| Reno, NV 89502 | | | | 2023 SEP 19 SECRET, STALLARS |
| | | City State and Zip Code | | |
| _ | E-mail address; (| to be used for future annual report notific | cation) | 3: 0 6 |
| For further information conce | erning this matter, please c | all: | | in: on |
| Processino | g Department | at (800) 638-2320 | | |
| Name of Per | | | Telephone Number | |
| Enclosed is a check for the fo | ollowing amount: | | | |
| ☑ \$25.00 Filing Fee E | □ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| 2 of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | SA COFFEE & ART, LLC | |
|--|---|--------------------------------|
| (Name of the Limited Liability (A Florida I | Company as it now appears on our recordmited Liability Company) | <u>~)</u> |
| The Articles of Organization for this Limited Liability Co | mpany were filed on 01/09/23 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed 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 ADDRE | <u> </u> | 200 |
| | | |
| Enter new mailing address, if applicable: | | P 19 |
| (Mailing address MAY BE A POST OFFICE BOX) | | To a set |
| B. If amending the registered agent and/or registe | ered office address on our records | 90.06 |
| registered agent and/or the new registered office addre | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | |
| | | |
| | , Flo | orida Zıp Code |
| | | · |

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 |
|--------------|------------|------------------------|----------------|
| MGR | Kara Gray | .12862.Buckhorn Ln | Add |
| | | Jacksonville, FL 32218 | _⊡ Remove |
| | | | Change |
| MGR_ | Andrew Vos | 12862 Buckhorn Ln | |
| | | Jacksonville, FL 32218 | Remove |
| | | | Change |
| | | | |
| | | | 200 Regimence |
| | | | Add |
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| | | | Add |
| | | | ☐ Remove |
| | | | □ Chance |

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| | | | | |
| E. Effective date, if othe | r than the date of filing: N/A the date must be specific and cannot be | i | (optional) | 606 0707 |
| Note: If the date insert | ed in this block does not meet the a te on the Department of State's rec | pplicable statutory filing requ | | |
| if the record specifies (b) The 90th day afte | a delayed effective date, but or the record is filed. | it not an effective time, | at 12:01 a.m. on th | e earlier o |
| Dated <u>Septem</u> | ber 7th . 20 | 023 | | |
| (| Tong To | arà) | | |
| | Signature of a member of | authorized representative of a i | nember | |
| | Ant | nabelle Roias | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

| SUBJECT: <u>LA MAR</u> | IPOSA COFFEE & ART | T. LLC ited Liability Company | | | |
|-----------------------------|--|---|--------------------|---------------------|------------|
| | (Valle (Valle) | act Cherry Company | | | |
| | Amendment and fee(s) are sub indence concerning this matter | - | | | |
| | Corpor | ate Maintenance Le | ad | | |
| | _ | | | | |
| | Processing Department Firm Company | | | | |
| 1450 Vassar St | | | .c. 2 | | |
| | Address | | | 2023 SEP SEGRETA | , |
| | Reno, NV 89502 | | | | E <u>.</u> |
| | | City State and Zip Code | | 9 . | . : |
| | E-mail address; (| to be used for future annual report noti | fication) | | - - |
| For further information e | oncerning this matter, please c | all: | | 7 S | |
| Process | ing Department | at (800) 638-2320 | | | |
| Name o | f Person | | e Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ☑ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | e of Status & | |
| | | | | | |

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

TQ:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301