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Division of Corporations

Florida Depara ate

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167

Phone : (305)377-0809

Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOCA COFFEE ROASTERS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCA COFFEE ROASTERS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on FEBRUARY 2, 2023	and assigned
Florida document number L23000051183		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L L.C."
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 a agent and/or the new registered office address here:	iddress on our records, enter the nam	
		. 1 .
Name of New Registered Agent:		= = = = = = = = = = = = = = = = = = = =
traine of them Registered Agent.		<u> </u>
New Registered Office Address:	Enter Florida street address	
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·	, Florida	Zip Gode
	City	inp come to

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 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	VALENCIA ASOCIADOS SAS.	CRA 5 SUR NO 27-94 ZONA INDUSTRIAL	🗀 Add
		NEIVA, HUILA, CO CO	\overline Remove
MGR	INVERSIONES VALENCIA ASOCIADOS SAS	CRA 5 SUR NO 27-94 ZONA INDUSTRIAL	∃ Add
		NEIVA, HUILA, COLUMBIA	□Remove
			□Change
			□Add
			🗀 Remove
			⊡Chang e
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ective date, if other than the date must b	ite of filing:	to data of filing us more	(optional)	and to 605 020
te: If the date inserted in this block	c does not meet the applic	able statutory filing re	quirements, this date will n	ot be listed as
cument's effective date on the Department	intment of State's records	-		
	i e e e e e e e e e e e e e e e e e e e			
ecord specifies a delayed effective d is filed.	ate, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
FEBRUARY 16	2023			
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Si	gnature of a member or auth	trized representative of a	member	

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