## L23000108579

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2)
(Document Number)
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## **COVER LETTER**

-:-

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
SUBJECT: EARLY B	IRDS COFFEE AND MORE	uc	
	Name of Lim	ited Liability Company	
		•	. · • .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	<u>:</u> -
Please return all correspo	ondence concerning this matter	to the following:	٠٤٠.
		PETER J KEKLAK	:
		Name of Person	<del> </del>
	EARL	Y BIRDS COFFEE AND MORE L	ις
		Firm Company	
		466 NE 1ST AVE	
		Address	
		CAPE CORAL FL 33909	·
	OCTEDIO	City/State and Zip Code	
	E-mail address: (	DHN275@GMAIL.COM to be used for future annual report notifi	(саноп)
For further information of	concerning this matter, please c	all:	
PETER J KE	EKLAK	at ( 239 ) 218-0198 Area Code Daytime	<u> </u>
Name o	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
<b>3</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	sv:	Street Address:	
Registration		Registration Sec	etion
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF
N W DIDDE COFFEE AND MODE I C

CADL V DIDDS	COFFEE AND MORE LIC		
<b></b>	COFFEE AND MORE LLC		
(Name of the Limited )	Jability Company as it now appears on Florida Limited Liability Company)	our records.	<del></del>
The Articles of Organization for this Limited Liabi	lity Company were filed on03/0	1/2023	and assigned
Florida document number <u>L23000108579</u>	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the at	observation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered office address h		rds, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	PETER J KEKLAK		
New Registered Office Address:	466 NE 1ST AVE		
Transfer and Street and Street and Street	Enter Florida	street address	<del>-</del>
	CAPE CORAL	, Florida	33909
	City		Zip 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

Title	Name	<u>Address</u>	Type of Action
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ate, if other than the date of filing:	(optional)	
ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filist date inserted in this block does not meet the applicable statutor effective date on the Department of State's records.	ng or more than 90 days after filing ry filing requirements, this date	) Pursuant to 605,0207 will not be listed as
eifies a delayed effective date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) Th	e 90th day after the
9/97 2023 Signature of a member or authorized repre-	Manual member	

Filing Fee: \$25.00

Typed or printed name of signee