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COVER LETTER

	istration Se ision of Cor						
cubiect.	BGL COFF	EE COMPANY LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Barbaro Gutierrez Leon					
		•	Name of Person				
		BGL COFFEE COMPAN	Y LLC				
			Firm/Company				
		7518 N HALE AVE		•			
			Address				
		TAMPA, FL 33614					
			City/State and Zip Code				
		bglcoffce@outlook.com		1			
For further in	nformation c	e-mail address: (to be used for future annual report no all:	(incation)			
Barbaro Gut	ierrez Leon		786 740 1109				
	Name o	f Person		me Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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)			
	iling Addres		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.C). Box 632	7	The Centre of				
Tal	llahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BGL COFFEE COMPANY LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	<u>ur records.</u>)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{03/20/20}{}$	23	and assigned
Florida document number L23000140408	······································			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	pility company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			, , ,
				. :
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
				7 9
 If amending the registered agent and/or igent and/or the new registered office address 		address on our record	ls, <u>enter the name of</u>	<u>the new register</u>
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida str	reet address	
			, Florida	
		City	Z	ip 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>	<u>Name</u>	Address	Type of Action
MGR	Barbaro Gutierrez Leon	7518 N Hale ave. Tampa, fl 33614	≅Add
			□Remove
			Change
			□Remove
			Change
			□Add
			Remove
			Change
		A	□Add
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ective date effective dat	e, if other than te is listed, the date	the date of f must be specific	iling: c and cann	ot be prior to	date of filing	or more than 9	(option 0 days after fi	(al) ling.) Pursuar	nt to 605.02
e: If the da	ate inserted in thi	s block does r	iot meet t	he applicab					
ument s en	fective date on th	е Бераптет	or State :	s records.					
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cord specifi s filed.	ies a delayed effe	ctive date, but	not an e	nective tim	e, at 12:01 a	.m, on the ea	rner or: (b)	The 90th o	ay anci n
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Typed or printed name of signee