# L23000252845

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# **COVER LETTER**

## TO: Registration Section **Division of Corporations**

SOUTHPAW COFFEE LLC

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brenden Elbaz		
		Name of Person	
	SOUTHPAW COFFEE LL	C	
		Firm/Company	<del></del>
	1657 Tyler street #202		
		Address	
	Hollywood FL 33020		
	admin@southpaw.coffee	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
	concerning this matter, please c		
Brenden Elbaz		305 467-6798	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHPAW COFFEE LLC

2024 OCT 24 PM 4: 42

(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		May 23, 2023	and assigned
Florida document number 1.23000252845			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compar	n <u>v here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		,	<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
	- <del></del>	· -	
B. If amending the registered agent and/or	registered office address on o	our records, enter the	name of the new registere
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Brenden Elbaz		
New Registered Office Address:	1657 Tyler street #202		
	Ente	r Florida street address	
	Hollywood	, Florida	33020
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlos Ramos	1920 Plunkett St, Hollywood, FL 33020	
			■Add
			□Remove
			□Change
AMBR	Miguel Ramos	1643 Van Buren St. Hollywood, FL 33020	<b>=</b> Add
			□Remove
			□Change
		<u> </u>	
			□Remove
		□Change	
			□Add
			□Remove
			□Change
<del></del>			□Add
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(If an effective Note:   I	tive date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	laterton on and
Dated _	10/17/24 October 17th 2024
	Signature of a member or authorized representative of a member
	Brender Elbaz Typed or printed name of signee
	Typed or printed name of ciange