L23000361679

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

то:	Registration Se Division of Cor					
eunica	Jordan Sala	izar LLC		₹		
SUBJEC	.l: <u>_</u>	Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Jordan Salazar				
			Name of Person			
			Firm/Company			
		3306 Barrington Ct				
			Address			
		The Villages Fl 32162	The Villages Fl 32162	2021		2021 DE SECRE
			City/State and Zip Code	CRE		
		jordanpaffenroth@gmail.co	om to be used for future annual report notific	Tailon)		
For furth	er information c	oncerning this matter, please c	·	PY OF STEEL		
	Name o	t Person	at ()	Telephone Number		
Enclosed	l is a check for th	he following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S Division of C	Section	Street Address: Registration Sect Division of Corp			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jordan Salazar LLC (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 Liability Company were filed on _____08/01/2023 and assigned Florida document number L23000361679 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Green Pea Coffee LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 3306 Barrington Ct, The Villages Fl 32162 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 3306 Barrington Ct New Registered Office Address: Enter Florida strect address Florida 32162 The Villages 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	Jordan Salazar	3306 Barrington Ct The Villages Fl 32162	🗆 Add
			□Remove
		Address Change	= Change
AMBR Alons	Alonso Salazar	3306 Barrington Ct	@ Add
		The Villages FL 32162	□Remove
			Change
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	F. 22
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil ote: If the date inserted in this block does not meet the applicable statuto becument's effective date on the Department of State's records.	(dptional) ling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day after th
aled December 5th 2024.	
Signature of a member of authorized repres	sentative of a member

Filing Fee: \$25.00