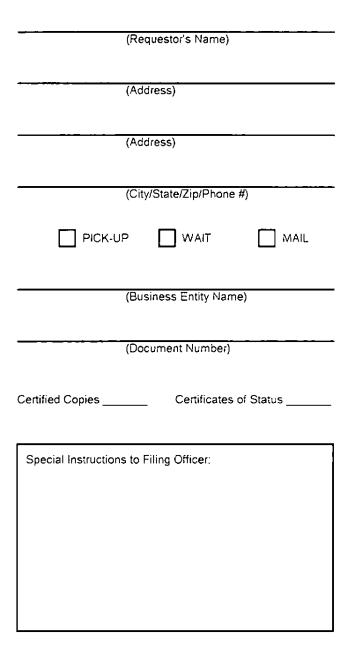
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Office Use Only





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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	GOOMBA COFFEE HOLDINGS, LLC Name of Limited Liability Company					
SUBJECT:						
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:			
		Nicole Randazzo				
			Name of Person			
			Firm/Company			
		8118 Villa Grande Court				
			Address			
		Sarasota, FI, 34243				
		nicole@goombahcoffee.cor	City/State and Zip Code			
			to be used for future annual report i	notification)		
For further in	iformation c	oncerning this matter, please ca	all:			
Nicole Rand	azzo		732 674-1636			
	Name o	f Person	at () Area Code Day	time 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 Registration			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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

GOOMBA COFFEE HOLDINGS				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited L Florida document number 300415418453	iability Company	were filed on September 11, 2023	and assigned	
This amendment is submitted to amend the fol	lowing;			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
GOOMBAH COFFEE HOLDINGS, LLC				
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	4560 Tamiami Trail, Suite 3		
Principal office address MUST BE A STREI		Port Charlotte, FL 33980	2024	
			2	
Enter new mailing address, if applicable:			- 0	
Mailing address MAY BE A POST OFFICE	BOX)			
			. 	
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	Nicole Randazz	NO	e name of the new regis	
New Registered Office Address:	8118 Villa Grande Court Enter Florida street address			
	Sarasota		. 34243	
	· mannu	Florid	da 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 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
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
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n effectiv <u>te:</u> If th	date, if other than the date is listed, the date in this educate inserted in this sheffective date on the	nust be specific an block does not	d cannot be price the application.	icable statutory	or more than 90 day		
ecord spe s tiled.	ecifies a delayed effec	tive date, but no	nt an effective	time, at 12:01 a	m. on the earlier	of: (b) The 90th	day after the
ed	April	3	20	24			
	' 1	$\langle \langle \rangle$)/				
		Signature of a	melliber or aut	horized representa	tive of a member		
				^			
			1.00	Maril	nno		