# 123000473749

(Requestor's Name)				
(Address)				
(Address)				
(C) (C) (C)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	-			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
- 15				
J. HORNE				
J. HORNE JAN 2 2 2024				

Office Use Only



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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
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SUBJ	ECT:	Pec Cabana Name of Limi	ited Liability Company	<del>.</del>
The en	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing	
Please	return all correspond	dence concerning this matter	to the following:	
		Vancssa	Ouglass Name of Person	
			Name of Person	
			Firm/Company	
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		+2 Brunet	tt Ln.	
			Address	
		Palm Cuart	FL 32137 City/State and Zip Code	
		E-mail address: (t	ef1@ annual.com	ication)
For fu	rther information cor	ncerning this matter, please ca		
1. 6	nece De	ucless		27 7 P
<u> </u>	Name of F	erson)	at ( <u>239</u> ) <u>(c28-c</u> Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
□ \$2	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:		Street Address:	

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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>(, c+, 16, 2023</u> and assigned Florida document number L23000473749 , and amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Toe Beans Coffee Bar 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) 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: New Registered Office Address: Enter Florida street address Cin-

### 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Add
		<del></del>	□Remove
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			□ Change
			□Add
			□Remove

□Change

# Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an ef <u>Note:</u>	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	December 14 2023
	Signature of a member or authorized representative of a member
	Vancssa Douglass Typed or printed name of signee