

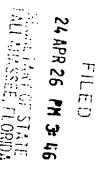
(Re	equestor's Name)	
(Ad	ldress)	
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(Cii	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(B)	F. (6. 11. T.)	
(Bu	isiness Entity Name	1
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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04/26/24--01014--006 **25.00



COVER LETTER

TO:

TO: Registration So Division of Cor					
	S COFFEE LLC		•		
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	VANESSA PEREZ				
		Name of Person			
		Firm/Company			
	4122 RESIDENCE DR APT 121				
		Address			
	FORT MYERS,FLORIDA				
	Vanessaperez830@gmail.co	City/State and Zip Code			
		to be used for future annual report no	tilication)		
For further information c	oncerning this matter, please c	all:			
VANESSA PEREZ		239 560-2896 at ()			
Name o	f Person	at () Area Code Daytii	ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Registration Se	ection		
Division of Corporations		Division of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monra	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r	ecords.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/24/2024	and assigned
Florida document number 1.23000487279		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	<u></u>	
		APR
Enter new mailing address, if applicable:		7.00 26
	· · ·	Mo - m
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, e	enter the name of the new regis
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	igner a torme street t	
	City	, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHUNANAC COURUE LA C

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
MGR	ELSA PEREZ	4149 RESIDENCE DR APT 812	□Add
		FORT MYERS FLORIDA 33901	■Remove
			□Change
MGR MARY A PACHECO	MARY A PACHECO	3675 BROADWAY APT A2	
		FORT MYESR FLORIDA,33901	Remove
			□Change
			□Add
			Петоче
			Change
			□Add
		 _	□Remove
			Change
			🗖 Add
			□Remove
			☐ Change
			□Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated April 16th 2024 smature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

VANESSA PEREZ