

L 23000519524

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KAVAKOFFEE, L.L.C**

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DEC 11 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAVAKOFFEE, L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLEKSANDR TSKYPURYSHVILI

Name of Person

KAVAKOFFEE, L.L.C

Firm/Company

490 NE 5TH AVE, APT 4324

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

STRYARINA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLEKSANDR TSKYPURYSHVILI

786 956-4301
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

KAVAKOFFEE, L.L.C

(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 11/16/2023 and assigned
Florida document number L23000519524.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

490 NE 5TH AVE

APT 4324

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

490 NE 5TH AVE

APT 4324

FORT LAUDERDALE, FL 33301

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:

TSKYPURYSHVILI, OLEKSANDR

New Registered Office Address:

490 NE 5TH AVE, APT 4324

Enter Florida street address

FORT LAUDERDALE

City

Florida 33301

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.

Oleksandr Tskypuryshvili

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TSKYPURYSHVILI, OLEKSANDR	490 NE 5TH AVE, APT 4324	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAVASTRU, YULIIA	3800 GALT OCEAN DR, UNIT PH 3	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Oleksandra Tokunaryshvili

OLEKSANDR TSKYPURYSHVILI

Filing Fee: \$25.00