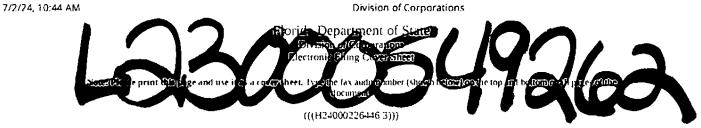
Division of Corporations





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70.

Division of Corporations Fax Number : (856)617-6383

From

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone (307)206-2803 Fax Number : (813)436-5206

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STAFAS COFFEE AND COOKIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Corporate Filing Menu Electronic Filling MenuHelp

**(D)** 

T. LEMIEUX JUL 03 2024 7/2/2024 07:47:13 PDT • To: 18506176383 Page, 2/4 Fex: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stafas Coffee and Cookies LLC	₩
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)  y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L23000549262	filed on 12/12/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
Stafas Cafe LLC	o de la companya del companya de la companya del companya de la co
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addro agent and/or the new registered office address here:	ess on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Tity Zin 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.

7/2/2024 07:47.13 PDT \*

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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

Title	<u>Name</u>	Address	Type of Action
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F. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot be prior s block does not meet the applic	r to date of filing or more than cable statutory filing requir	(optional) 90 days after filing.) Pursuant to 60 rements, this date will not be li	05.0207 (3)(b) sted as the
If the record specifies a delayed efferecord is filed.	ctive date, but not an effective i	ime, at 12:01 a.m. on the c	arlier of: (b) The 90th day af	ter the
Dated July 2	2024	<u> </u>		
	1131 g	math.		
	Signature of a niember or auth	orized representative of a me	mber	
Nat Smith	Typed or print	ted name of signee		