

L24000122994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

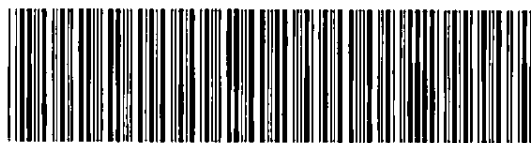
(Business Entity Name)

(Document Number)

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05/05/24--01024--028 **25.00

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATUTUBO COFFEE, LLC

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:

Luzviminda L. Molina

Name of Person

KATUTUBO COFFEE, LLC

Firm/Company

5808 Covington Cove Way

Address

Orlando, FL 32829

City/State and Zip Code

katutubocoffee@gmail.com

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

For further information concerning this matter, please call:

Luzviminda L. Molina

678 509-4848
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**

(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 _____ and assigned Florida document number _____.

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)

8779 Currituck Sound Lane

Orlando, FL 32829

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8779 Currituck Sound Lane

Orlando, FL 32829

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

Florida

City

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 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	Luzviminda I. Molina	5808 Covington Cove Way	<input checked="" type="checkbox"/> Add
		Orlando, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RODNEY M. FLOURNOY JR. III	1950 Howell Mill Rd. NW	<input checked="" type="checkbox"/> Add
		Apt. 2044	<input type="checkbox"/> Remove
		Atlanta, Ga 30318	<input type="checkbox"/> Change
MBR	RODRICK A. FLOURENOY	2924 Clairmont Rd.	<input checked="" type="checkbox"/> Add
		Apt. 573	<input type="checkbox"/> Remove
		Atlanta, Ga 30329	<input type="checkbox"/> Change
AP	Rodney M. Flournoy Jr. III	1950 Howell Mill Rd. NW	<input type="checkbox"/> Add
		Apt. 2044	<input checked="" type="checkbox"/> Remove
		Atlanta, Ga 30318	<input type="checkbox"/> Change
AP	Rodrick A. Flourenoy	2924 Clairmont Rd.	<input type="checkbox"/> Add
		Apt. 573	<input checked="" type="checkbox"/> Remove
		Atlanta, Ga 30329	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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 05/02 2024
[Signature]
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Luzviminda L. Molina

Typed or printed name of signee

Filing Fee: \$25.00