L24000293555

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COVER LETTER

TO: Registration Se Division of Cor				
	OAT COFFEE LLC			
SUBJECT:	Name of Lim	ited 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:		
	ILLIA FESENKO			
		Name of Person		
	NOSEY GOAT COFFEE	LLC		
	·	Firm/Company		
	212 E CASS ST			
		Address		
	TAMPA FL 33602			
		City/State and Zip Code		
	noseygoatcoffccusa@gmail E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please ca	all:		
ILLIA FESENKO		813 9575434		
Name o	of Person	at (at Code Daytim	ne Telephone Number	
Enclosed is a check for t	he following amount:			
≘ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:	ation.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P O Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TÁLLAHÁSSÉÉ, FLORIDA

NOSEY GOAT COFFEE LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000293555</u> .	were filed on <u>06/28/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SAME		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LEC" 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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Floric	ia
	Cin	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.

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>	Name	Address	Type of Action
MBR	FINANCE NOSEY GOAT LLC	212 E CASS ST TAMPA FL 33602	≣Add
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			Change
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			(Change
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-	ADD ADDDITIONAL PARTNER TO LLC		
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fect	ve date, if other than the date of filing:	nt to 605 0	207 (3)(b)
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	t be listed	as the
cum	ent's effective date on the Department of State's records.		
	is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	luu n Aar t	ha
is fi		any anter t	110
	7 2 221		
ated	Frovember 2024		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee