## L24000406780

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2024 OCT -2 PH 4: 35 SECHLIARY OF STATE TALLARY SEE, FL

## **COVER LETTER**

TO: Registration Se Division of Cor			•		
SUBJECT: RO	e's Coffee C	Jub 11C			
30001.01.	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:			
	Raegar	Name of Person			
	Rae's Co	Firm/Company			
	2397 NE	HWY 351 Address			
	<u>Cross</u> Cit	19, F1, 32628 City/State and Zip Code			
	the coffeed	Ub 24@ gmcil- to be used for future aboual report notif	lication)		
For further information c	oncerning this matter, please ca				
Raegan V	lonStan of Person	at ( <u>352</u> ) <u>275 - 3</u> Area Code Daytimo	2003 e Telephone Number		
Enclosed is a check for the	he following amount:		,		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	० वा द्रह्मीसुर ४८ 🚍 👚	
Mailing Addres	<u> </u>	Street Address:		PM 4: 35 OF STATE SEE, FL	Section 2
Registration Section		Registration Sec		- SE - E	العربية"
Division of Corporations P.O. Box 6327		Division of Corp The Centre of T	•	35 38	
Tallahassee, I			e Street, Suite 81	.0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)			
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L2400406780</u>	1			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil				
Enter new principal offices address, if applicable:	614 First Ave SE			
(Principal office address MUST BE A STREET ADDRESS)	Steinnalchee, Fl. 32359			
Enter new mailing address, if applicable:	2397 N= +1WY 351 Cross City, F1 32628			
(Mailing address MAY BE A POST OFFICE BOX)	Cross CIty, +1,32628			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address Florida			
New Registered Agent's Signature, if changing Registered Agent:	City Hip.Code S			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familize with and provided for in Chapter 605, F.S. Or, if this document is			

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
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	J	2397 NE HWY3SI Cross City, F1, 32628	□Remove
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effective date is liste	ed, the date must be specific a	and cannot be prior to	date of filing or more th	nan 90 days after tiling	, g.) Pursuant to 6 e-will <b>vo</b> t be <b>4</b>	კ05,0207 <b>B</b> ted as
ment's effective	date on the Department o	f State's records.	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	TAL	3 3.
	layed effective date, but r				he 90th day a	
filed.	layed effective date, but I	for an effective time	z, at 12.01 a.m. on th	e carner or. (b) 1	Jan 197	
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<u>*</u>	aegan 10	mpon				
	Signature of	a member or authoriz	ico representative of a	memoer		

Filing Fee: \$25.00