## L24000411820

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## **COVER LETTER**

	Registration Se Division of Cor			
	SADDLE U	JP COFFEE COMPANY LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
		Nane of En	ned Elability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Haley Koko		
			Name of Person	
		SADDLE UP COFFEE CO	OMPANY, LLC	
		-	Firm/Company	<del></del>
		6810 Livingston Ave N		
			Address	
		St.Petersburg, Florida 3370	02	
		Koko.haley@gmail.com	City/State and Zip Code	
			to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please c	all:	
Haley Ke	oko		727 364-	5891
	Name o	of Person	at () Area Code Day	ytime Telephone Number
Enclosed	is a check for t	he following amount:		
<b>\$25.</b> 0	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 Addres		Street Address	
	Registration :		Registration	
	Division of C P.O. Box 632	•		Corporations of Tallahassee
	Tallahassee,			nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.)

SADDLE UP COFFEE COMPANY, LLC

(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 L Florida document number L24000411820	iability Company	were filed on Se	eptember 20, 2024	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applie	cable:	<del></del>		
(Principal office address MUST BE A STREE	ET ADDRESS)		<del></del>	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>'BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our i	records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Haley Koko			
New Registered Office Address:	6810 Livingston			
		Enter Flo	orida street address	
	St.Petersburg		, Florida <sup>33</sup>	702
		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

MGK -	Mininger
AMBR =	<b>Authorized Member</b>

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Haley Koko	6810 Livingston Ave N, St.Petersburg, FL 33702	<b>=</b> Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
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