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COVER LETTER

Division of Corp	porations		
SUBJECT:A	SSO COFFEE (Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Danay B.	MCir + i MCZ Name of Person	
	hosso Co	Free Club "Li	CM
	15905 Nu) 40th Ct	
	Mami Gard	CnS, FL 3305 Ciry/State and Zip Code	Ч
	rosso (of fre Cl E-mail address: (i	to be used for fiture annual report noti	fication)
For further information co	oncerning this matter, please ex		
Dancy B. Name of	Martinez Person	at (<u>754</u>) <u>232 -</u> Area Code Dayum	5598 c Telephone Number
Enclosed is a check for the	e following amount:		
© \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	El \$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	
Enclosed is a check for the	e following amount: □ \$30,00 Filing Fee &	El \$55.00 Filing Pee & Certified Copy	X S60.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

TO:

Registration Section

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 8 10
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limit	ed Liability Compa	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Li Florida document number 11400422	ability Company					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	i <u>lity company here:</u>				
The new name must be distinguishable and contain the w						
The new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the design	nation "LLC" or the abbreviation "L.L.C"			
Enter new principal offices address, if applicable:		NIA				
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable:		NIA		_		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>					
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	Shere:	B. Martinez		itered		
New Registered Office Address:	15905	NW HOth (Enter Florida's				
	Miami (Acirdens City	, Florida 33054 Zip Code	_		
New Registered Agent's Signature, if changing R	Registered Agent:		2024 SEC Ta			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this d	er and complete stered agent as p registered office change.	performance of my provided for in Chap address, I hereby co	duties, and I am Jāmiliar with and oter 605, F.S. Or, if this discument	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>	<u>Name</u>	Address	Type of Action
MGR	holando Martinez SR.		□Add
•		15905 NW 40th (1 33054	Cir den > (X)Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			(I) Change
			🗆 Add
			□Remove
			©Change
		TALLABASSIE, FL	Hange To And The And T
			☐ Change

If amending any	other informati	ion, enter cl	nange(s) her	e: (Attach ada	litional sheets.	if necess	ary.)		
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Effective date, if If an effective date is Note: If the date is document's effecti	listed, the date must bloc nserted in this bloc	be specific and ck does not m	eannot be prior neet the applic	to date of filing o able statutory fi	r more than 90 dag	ys after fili	ng.) Pursu		
ne record specifies a ord is filed.	delayed effective	date, but not	an effective ti	me, at 12:01 a.t	n, on the earlier	of: (b)	The 90th	•	er the
Dated <u>NOVCM</u>	ber 7th	·	2024 1	my			ALLASSIS	2024 NOV 14 P	
	S	ignature of a n	nember or autho	orized representat	ive of a member		E S	PH 2: 04	£
<u>_D</u>	anay B	M C'IY	Typed or print	ed name of signed		·· -	FLE	10 :	