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COVER LETTER

	Registration Se Division of Cor				
	Autonomy (Coffee Lab, LLC			
SUBJEC	T:	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Thomas Pestock			
			Name of Person		
			Address City/State and Zip Code Ogmail.com ail address: (to be used for future annual report notification) er, please call: 1913 961-0491 at (1913 961-0491 Area Code Daytime Telephone Number 11: 12 See & See See See See See See See See S		
		19808 Sea Rider Way			
			Address		
		Lutz FL 33559			202
		TRINCETOVE O	City/State and Zip Code		NOV
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For furth	er information e	oncerning this matter, please c			AM IC
Thomas	Pestock				0: 08
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	te of Status & Copy
	Mailing Address Registration 1			etion	
	Division of C	Corporations		•	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Autonomy Coffee Lab LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 10/22/2024	and assigned
Florida document number L24000449710		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	
Enter new principal offices address, if applicable:		2024
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		
		System E ITT
Enter new mailing address, if applicable:		SSE E D
Mailing address MAY BE A POST OFFICE BOX)		PS 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 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	Jimmy Avendano	14644 Bournemouth Rd	= Add
		Tampa FL 33626	□Remove
			□Change
MGR	Jimmy Santuario	100 Main St N Apt 1509	□ Add
		St Petersburg FL 33716	=Remove
MGR	Rochelle Roman	19808 SEA Rider Way	Gehange
· · · · · · · · · · · · · · · · · · ·		LU+2 Fl 33559	HANGE PROVIDE
			□Add
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Effective date, if other than the date of filing:										
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Signature of a member or authorized representative of a member		Signature o	a member or	authorized r	epresentative	of a member				
	Thomas Pestock									

Filing Fee: \$25.00