P22000060532

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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Monkey Cult Coff	ee, Inc.		
	IBER: P22000060532			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Shaun Keough			
		Name of Contact Person	 	
	Keough Law PLLC			
	<u> </u>			
				
	Orlando, FL 32817			
		City/ State and Zip Code	E .	1024 AUG 23 SECRETARY TALLAHA
	skeough@yourtrademarkdefe	ender.com		可是 丁
	-	sed for future annual report	notification)	AUG 23
				14 23 14
For further informati	on concerning this matter, plea	se call:		POR ANG 23 PH 4: 10 SECRETARY OF STATE TALLAHASSEE, FL
Shaun Keough		at (³²¹	262-1146	STATE TO
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber m
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
M	niling Address	Street	Addraga	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

Monkey Cult Coffee, Inc.	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P22000060532	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
Monkey Culture Coffee, Inc.	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PRA AUG 23 PH 4: 10 SECRETARY OF STAT TALLAHASSEE, FL
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Her Hegistered Office Hadrons.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	e of New Negwierea Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			SECRET
Add			- <u>デタ わ</u> ,
Remove			\$ P □
4) Change			- F S F
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption this document was signed.	tion:	, if other than the
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	•
•		,
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date timent of State's records. $\frac{1}{2}$	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte	d by the incorporators, or board of directors without shareholder action	on and shareholder
action was not required.	The state of the s	
	d by the shareholders. The number of votes cast for the amendment(s) ·
by the shareholders was/were suffic	ient for approval.	·, ·
		• • •
	ved by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	ent .
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
4 4 4	and the state of t	
by	· · · · · · · · · · · · · · · · · · ·	n de la companya di Araba. Geografia
	(voting group)	
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8/14/2024	The state of the s	
Dated	~ · · · · · · · · · · · · · · · · · · ·	10 E
NING.		Z ≥ × ±
Signature (BJ ovide	tor, president or other officer - if directors or officers have not been	ALL/
selected. b	y an incorporator — if in the hands of a receiver, trustee, or other cour	
	fiduciary by that fiduciary)	7.2
	att Zions	
MI .	HIL ZIOIS Promise to the state of the state	<u></u>
	(Typed or printed name of person signing)	<u>"</u> "===================================
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and the state of t	(Title of person signing)	X 4 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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