

L19000035473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

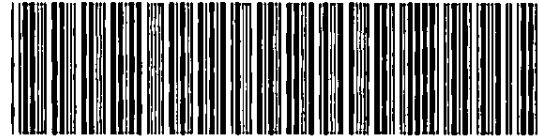
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2020 JUN 22 AM 11:38  
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JUN 23 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 22 PM 1:31

June 10, 2020

BRIANA WILLIAMS  
151 N NOB RD STE 129  
PLANTATION, FL 33324

SUBJECT: PRETTY TIPSY, LLC  
Ref. Number: L19000035473

We have received your document for PRETTY TIPSY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 320A00011408

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

PRETTY TIPSY LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIANA WILLIAMS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

151 N NOB HILL RD SUITE 129

\_\_\_\_\_  
Address

PLANTATION, FL 33324

\_\_\_\_\_  
City/State and Zip Code

BRIANAWILL88@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIANA WILLIAMS

305 988-8675

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 Address:**

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 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PRETTY TIPSY 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 Liability Company were filed on 02/04/2019

Florida document number L19000035473

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

88 MIXOLOGY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

151 N NOB HILL RD SUITE 129

*Enter Florida street address*

PLANTATION

Florida

33324

*City*

*Zip Code*

**Registered Agent's Signature, if changing Registered Agent:**

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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**

**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>	<u>Address</u>	<u>Type of Action</u>
CEO	BRIANA WILLIAMS	151 N NOB HILL RD	<input checked="" type="checkbox"/> Add
		SUITE 129	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
MGR	LOREN HOWELL	151 N NOB HILL RD	<input checked="" type="checkbox"/> Add
		SUITE 129	<input type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
MGR	BRIANA WILLIAMS	151 N NOB HILL RD	<input type="checkbox"/> Add
		SUITE 129	<input checked="" type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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