

N2100000 3892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

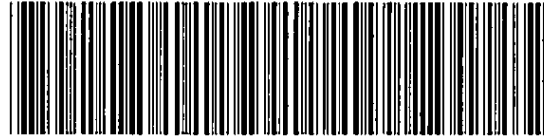
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



800366116168


RECEIVED  
2021 MAY 13 PM 2:06  
FALLAHASSEER, LLC, IL

RECEIVED  
MAY 13 AM 9:49  
STATE  
OFFICE

RECEIVED

MAY 14 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 812006 8026669  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : May 13, 2021  
ORDER TIME : 11:48 AM  
ORDER NO. : 812006-005  
CUSTOMER NO: 8026669  
-----

FOREIGN FILINGS

NAME: BEVERAGE MARATHON, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX \_\_\_\_ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beverage Marathon, LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attn: Legal  
\_\_\_\_\_  
Name of Person

Beverage Marathon, LLC  
\_\_\_\_\_  
Firm/Company

14785 Preston Rd., Suite 975  
\_\_\_\_\_  
Address

Dallas TX 75254  
\_\_\_\_\_  
City/State and Zip Code

notices@shmarinas.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Beverage Marathon, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M21000003893

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/05/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

FILED  
MAR 11 2021  
HV  
6:08 PM  
D

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_  
Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See below.

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Michelle Olvedo	14785 Preston Rd., Suite 975	<input checked="" type="checkbox"/> Add
		Dallas TX 75254	<input type="checkbox"/> Remove
VP	Jeff Rose	14785 Preston Rd., Suite 975	<input checked="" type="checkbox"/> Add
		Dallas TX 75254	<input type="checkbox"/> Remove
AP	Meagan Thompson	14785 Preston Rd., Suite 975	<input type="checkbox"/> Add
		Dallas TX 75254	<input checked="" type="checkbox"/> Remove
AP	David Glass	14785 Preston Rd., Suite 975	<input type="checkbox"/> Add
		Dallas TX 75254	<input checked="" type="checkbox"/> Remove
CFO	Gavin McClintock	14785 Preston Rd., Suite 975	<input type="checkbox"/> Add
		Dallas TX 75254	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

John Ray

\_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**

8. Additional changes:

Title / Capacity	Name	Address	Type of Action
CDO	Peter Clark	14785 Preston Rd., Suite 975 Dallas TX 75254	Remove
COO	Katheryn Burchett	14785 Preston Rd., Suite 975 Dallas TX 75254	Remove
AP	John Ray	14785 Preston Rd., Suite 975 Dallas TX 75254	Remove