L08000058133

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T. HAMPTON

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EXAMINER

COVER LETTER

Division of Co			
SUBJECT: Burst E	Beverages LLC		B
		ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Luis E. Macias		
		(Name of Person)	
		(Firm/Company)	
	900 SW 8 St Apt. # 1506		
		(Address)	
	Miami, FL 33130		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Luis E. Macias		at (305) 230-3010	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Burst Beverages 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 06/12/2008 and assigned Florida document number L08000058133 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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) 8398 NW 70 St Enter new mailing address, if applicable: Miami, FL 33166 (Mailing address MAY BE A POST OFFICE BOX) B. 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: (Enter Florida street address)

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 608, 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.

(City)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Payton T. Watkins	1040 Biscavne BLVD # 2304 Miami, FL 33132	♣☐ Add ♣7 Remove
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D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if nece	
<u></u>			FILED OR JUN 27 AN SECRETARY SEE FL
Dated	,	·	INTE
	Luis E. Macias	nember or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00