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. ,,	(Business Entity Name)
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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co.	rporations				
SUBJECT: Nude S	Snirite IIC		_		
SUBJECT: INGGO C		ited Liability Company)			
•					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Shawn T. Harlan				
		(Name of Person)	*************************************		
	Nude Spirits, LLC				
	(Firm/Company)				
	2186 Rio De Janeiro Ave.				
		(Address)			
	Punta Gorda, FL 33983				
		(City/State and Zip Code)			
For further information	concerning this matter, please c	call:			
Shawn T. Harlan		at (877) 465-3360 ext. 7			
(Name of Person)		(Area Code & Daytime To	elephone Number)		
Enclosed is a check for t	he following amount:				
☑ \$25.00 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)		
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nude Spirits, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
(7710	nau zimieu ziaomiy company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on January 20, 2009	and assigned
Florida document number L0900006151	· <u> </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable	<u>., , </u>	
(Principal office address MUST BE A STREET A	DDRESS)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter	
registered agent and/or the new registered office	address nere:	09 SEC
N 6N D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name of New Registered Agent:		S 5 5 F
New Registered Office Address:		
	(Enter Florida street a	datas) a D
_	, Florida	- RAT
	(City)	Pilin 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 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.

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	Address	Type of Action
MGRM _	Colossal Brands Corporation	2186 Rio De Janeiro Ave. Punta Gorda, FL 33983	Add Remove
MGRM_	Shawn Harlan	2186 Rio De Janeiro Ave. Punta Gorda, FL 33983	Add Remove
MGRM_	Patrick McCoy	3600 S. Glebe R. #516 Arlington, VA 22202	Add Remove
			Add Remove
			Add Remove
-	·		Add Remove
D. If amendi	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	ary.)
<u> </u>			
			O9 MAR
Dated March	Slow	- Harle	25 AM S
•	Signature of a memb	per or authorized representative of a member	STATE
•		ed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00