L09000056061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP -4 PM 3:38

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sarpes Beverages, LLC
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:

Jack Lockspeiser
Name of Person

Above All Accounting LLC
Firm/Company

285 NE 185th Street Suite 24
Address

Miami, FL 33179
City/State and Zip Code

jack@aboveallaccounting.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Lockspeiser at (305) 467-7789
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sarpes 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 06/04/2009 and assigned Florida document number L09000056061.

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 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)

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

_____ _____ _____, **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

If amending 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

Title	Name	Address	Type of Action
Manager	Dream Products USA. Inc	129 Orange St, Wilmington, DE 19801	☐ Add ■ Remove ☐ Change
Accounts	Gerome Lansangan	292 Dundas Street E Waterdown, Ontario CA L0R 2H0	☐ Add ■ Remove ☐ Change
Controller	Maggie Yang	999 Canada Place 404 Vancouver V6C 3T3 CA	☐ Add ■ Remove ☐ Change
Senior Di	Triana Newton	999 Canada Place 404 Vancouver V6C 3T3 CA	☐ Add ☐ Remove ■ Change
CEO	Gord Davey	999 Canada Place 404 Vancouver BC V6CE32	■ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 16, 2023.

Signature of a member or authorized representative of a member

Jack Tasse

Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2023

JACK LOCKSPEISER
ABOVE ALL ACCOUNTING LLC
285 NE 185TH STREET STE 24
MIAMI, FL 33179 US

SUBJECT: SARPES BEVERAGES, LLC
Ref. Number: L09000056061

We have received your document for SARPES BEVERAGES, 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):

Missing addresses for officers.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 523A00021676

RECEIVED
OCT 04 2023