

L09000056061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

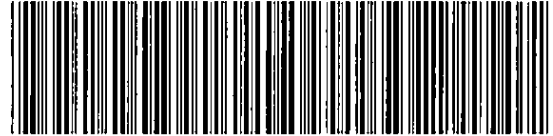
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1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971).

—

Name of Limited Liability Company

“

Name of Person

Firm/Company

Address

City/State and Zip Code

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

at (_____)

Daytime Telephone Number

(additional copy is enclosed)

(additional copy is enclosed)

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
201 South Adams Street, Suite 100
Tallahassee, Florida 32301-2000

**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 109000056061.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Dream Products USA, Inc	129 Orange St.	<input type="checkbox"/> Add
		Wilmington, DE 19801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Accounts	Gerome Lansangan	292 Dundas Street E	<input type="checkbox"/> Add
		Waterdown, Ontario CA	<input checked="" type="checkbox"/> Remove
		LORZHO	<input type="checkbox"/> Change
Controller	Maggie Yang	999 Canada Place 404	<input type="checkbox"/> Add
		Vancouver V6C 3T3 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Senior Di	Triana Newton	999 Canada Place 404	<input type="checkbox"/> Add
		Vancouver V6C 3T3 CA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CEO	Gord Davey	999 Canada Place 404	<input checked="" type="checkbox"/> Add
		Vancouver BC V6CE32	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 605.02(7) (3)(b)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer



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