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2011 JUL 19 AM 8: 35
SECRETARY OF STATE.
ALLAHASSEE, FI DO.

J. SAULSBERRY EXAMINER

JUL 20 2011

COVER LETTER

SUBJECT:	LOVES	STICKY LLC					
	Name of Limit	ed Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	nitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Monica Delgado						
Please return all correspondence concerning this		Name of Person					
Name of Person LOVESTICKY LLC Firm/Company 990 Biscayne Blvd #501 Address Miami, FL 33130 City/State and Zip Code hi@thirstywall.com E-mail address: (to be used for future annual report notification)							
		Firm/Company		•			
	990	D Biscayne Blvd #50	1	<u>-</u> 4			
		Address		ALL	2011		
Miami. FL 33130				AHA	שור	Ţ	
				ARY SSE	9		
	<u> </u>	ni@thirstywall.com		E P	>		
For further information of		·	ort notification)	STÄTE LORIDA	8: 35		
	<u>_</u>						
Name o	of Person	Area Code &	Daytime Telephone Numbe	r			
Enclosed is a check for t	the following amount:						
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy						

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**

(Name of the Limite	LOVESTI					
(Name of the Limite	A Florida Limited I	ny as it now appears on Liability Company)	our reco ras.)			
The Articles of Organization for this Limited I Florida document numberL1000001		were filed on Febr	uary 22, 2010	O and assig	ned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
	Thirstywa	all LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," t	the designation "I	LLC" or the abl	oreviation	
Enter new principal offices address, if appli	990 Biscayne Blv	d. #501	7201 TAL S			
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33130		CRET	<u> </u>	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		990 Biscayne Blve Miami, FL 33130	d. #501	LAHASSEE. FLORIDA		
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter 1</u>	he name of	the ne	
Name of New Registered Agent:	Monica Delgado					
New Registered Office Address:	990 Biscayne Blvd. #501					
	Enter Florida street address					
		Miami	, Florida	33130		
		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 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 Changing Registered Agent, Signature of New Registered Agent

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 Title Name **Address** Type of Action MGR Monica Delgado 990 Biscayne Blvd. Office 501 ✓ Add Miami, FL 33130 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing Name from LOVESTICKY LLC to Thirstywall LLC, changing Registered Office Address, Mailing Office Address to 990 Biscayne Blvd. Office 501 Miami FL 33130 July 1 2011 Dated _____ Signature of a member or authorized representative of a member Monica Delgado Typed or printed name of signee

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Filing Fee: \$25.00