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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Stephen Groth
	Name of Person
	Firm/Company
	54 SE 6th Ave
	Delray Boh FL 33483  City/State and Zip Code  Kyle groth Quantil. Con  E-mail address: (to be used for Juliure annual report notification)
	City/State and Zip Code
	Kyle groth Qanail. con
For fur	ther information concerning this matter, please call:
	Kyle Groth  at (607) 851-9784  Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>★</b> \$25	6.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Mahalo M	otors LI	LC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited		n our records)				
The Articles of Organization for this Limited Liability Company Florida document numberL 10000089940	were filed on	8/26/10		and assi	gned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here	:				
Drinkubator Tech (	Group LL	C				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LLC" or the	abbrevia	tion "L.I	C."	-
Enter new principal offices address, if applicable:						_
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	201		_
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Enter new mailing address, if applicable:			였는	_	i 	
(Mailing address MAY BE A POST OFFICE BOX)			7.7	12.	; <del></del> -	-
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B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ur records, <u>ent</u>	er the i	name (	of the i	<u>nev</u>
Name of New Registered Agent:						_
New Registered Office Address:						_
	Enter Florida	street address				
	_	, Florida				_
	City		Ziį	o 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ited	May	15th	. <u>4018</u>	_ ·			
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_	•	Signature of a	member or autho	rized representati	ve of a member		<del></del>

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Filing Fee: \$25.00