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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations					
SUBJECT:	Company name cha	nge for "Wallet Koo	zie, LLC"		
•		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
	spondence concerning this matte	_			
		Brian Lamothe			
	-	Name of Person	<del> </del>		
	<u></u>	Beverage Billfold, LLC			
		Firm/Company			
	******	206 McGuire Blvd Address			
	Indian	Harbour Beach, FL 32	9937		
		City/State and Zip Code			
	E-mail address: (	nail@walletkoozie.com to be used for future annual repo	rt notification)		
For further information	concerning this matter, please	call:			
	Brian Lamothe	at ( 321 )	615-1394		
Name of Person		Area Code & I	Daytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS: stration Section	STREET/C	OURIER ADDRESS: Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

Wallet Ko	ozie, LLC	records.)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on Septemb	er 24, 2010 and assigned
Florida document numberL10000100236		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Beverage Bil	lifold, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	206 McGuire Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Indian Harbour Beac	h, FL 32937
Enter new mailing address, if applicable:	206 McGuire Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Indian Harbour Beac	h, FL 32937
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la 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 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Adam Lamothe **MGRM** ✓ Add 206 McGuire Blvd Indian Harbour Beach, FL 32937 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Just the name and address of the company has been amended. December 12th 2011 Dated Signature of a member of authorized representative of a member Brian Lamothe, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00