L10000130220

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

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11 FEB 25 PH 1: 24
SECRETARY OF STATE
SECRETA

J. BRYAN
FEB 2 8 2011

EXAMINER

COVER LETTER

| TO: Registration of | on Section Corporations | , | |
|---------------------|--|---|---|
| SUBJECT: | DRINK OF D | ELRAY BEACH LLC | |
| SOBSECT. | | ited Liability Company | |
| • | es of Amendment and fee(s) are sui | _ | |
| | P | ETER B. WEINTRAUB | |
| • | | Name of Person | |
| | WEINT | RAUB & WEINTRAUB P.A. | . . |
| | | Firm/Company | As = |
| | 2700 N. | MILITARY TRAIL SUITE 355 | AR E |
| | | Address | FEB 25 CRETAR'S LAHASS |
| | ВС | DCA RATON, FL 33431 | |
| | | City/State and Zip Code | PR 1:21 OF STATEE, FLORE |
| | PBW@V | VEINTRAUBLAWFIRM.COM (to be used for future annual report notification) | N 1:24 FLORID |
| For further informa | tion concerning this matter, please | • | , |
| PE | TER B WEINTRAUB | at (561) 988- | 6411 |
| | ame of Person | Area Code & Daytime Telep | hone Number |
| | for the following amount: | | |
| \$25.00 Filing Fo | ce \$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) |
| R D P | AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, FL 32314 | STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | DRINK OF DELRAY BEACH | LLC | | | |
|---|---|--------------------------------|-------------------------|--|--|
| (Name o | f the Limited Liability Company as it now app (A Florida Limited Liability Company | ears on our records.) | | | |
| The Articles of Organization for the | nis Limited Liability Company were filed on _ | 12/21/2010 | and assigned | | |
| Florida document number | L10000130220 | | | | |
| This amendment is submitted to a | mend the following: | | | | |
| A. If amending name, enter the | new name of the limited liability company l | <u>iere</u> : | | | |
| | SLICE OF DELRAY LLC | | | | |
| The new name must be distinguished "L.L.C." | le and end with the words "Limited Liability Con | npany," the designation "LL | .C" or the abbreviation | | |
| Enter new principal offices addi | ess, if applicable: | | | | |
| (Principal office address MUST) | BE A STREET ADDRESS) | | S ==== | | |
| | | | | | |
| | | · | A 25% | | |
| Enter new mailing address, if ap | plicable: | [T | <u>े उ</u> | | |
| (Mailing address MAY BE A PO | ST OFFICE BOX) | | S _ [] | | |
| | | | :2# | | |
| B. If amending the registered registered agent and/or the new | agent and/or registered office address or registered office address here: | n our records, <u>enter th</u> | e name of the new | | |
| Name of New Registered | i Agent: | | | | |
| New Registered Office A | 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 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> | Address | Type of Action | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| D. If amo | ending any other information, ent | ter change(s) here: (Attach additional sheets, if necessary.) | _ | | | |
| - | | ALLAHASSE | F 1 FEB 25 | | | |
| Dated | FEBRUARY 16 | , 2011 . FLORIDE | -ED | | | |
| | Signature of | f agriculture of a member | | | | |
| | | BRANDON BELLUSCIO | | | | |
| | | Typed or printed name of signee | | | | |

Page 2 of 2

Filing Fee: \$25.00