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Certified Copies	Certificates	of Status
Special Instructions to Filing	officer:	
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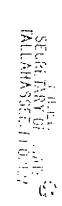




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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Liquid Summer Solutions L2C Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nick Spencer	
Liquid Summer Solutions Firm/Company	
601 Market 57 # 470762	
Celebration, 7L 34747	
City/State and Zip Code  City/State and Zip Code  Cover to Kerpools, Cover Cover to the Cover to	\
For further information concerning this matter, please call:	
Name of Person at (32) 604-6127 CE  Area Code Daytime Telephone Number	١,
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$\text{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

Liquid (Some of the Limited Lie	SUMMEN SOLL	tions, LLC
(A Flo	ability Company as it now appears on our re orida Limited Liability Company)	,
The Articles of Organization for this Limited Liability	ty Company were filed on Feb	10, 2011 and assigned
This amendment is submitted to amend the following	g:	
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 AL	ODRESS)	provide the second seco
		SE ALL
		DEC
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX		# 개주도 
		<u> </u>
		N 12
B. If amending the registered agent and/or re registered agent and/or the new registered office :		ords, enter the name of the new
Name of New Registered Agent:		<u></u> .
New Registered Office Address:		.=.=
	Enter Florida street a	ddress
_		. 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

changing

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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Robin M. Spence	*470762 Celebraho	1,FL 347-47
			Remove
			Change
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			Remove
			Change
			🗆 Add
			☐ Remove
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ffective date, if other than the date of filing: (optional)	
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.) Pulote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	arsuant to 605.0 Il not be listec
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier
The 90th day after the record is filed.	
lated NDV 28 2017.	
pated 170V & C	
N / C/	
Signature of a member or authorized representative of a member	
Nick Epancer	

Page 3 of 3

Filing Fee: \$25.00