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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

JUN 1 6 2015 S. YOUNG

COVER LETTER

TO: Registration Section 'Division of Corporations
SUBJECT: Tease Me Spirits, UC Namd of Limited Likbility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy Barra Name of Person Tease Me Spirits, UC Firm/Company 15169 133rd Terr North Address Jupiter TL 33478 City/State and Zip Code Ts barra 717 @ amail. Com E-mail address: (to be used for fitture annual report notification) E-mail address: (to be used for fitture annual report notification)
For further information concerning this matter, please call:
Tammy Barra at 561 632-3061 Em 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

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

lease Mes	oints. UC	
(Name of the Limited Liability Con (A Florida Limite	pany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>CC 220044455</u>	·	20/15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:	· .	三 三
(Mailing address MAY BE A POST OFFICE BOX)		Max or m
		7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the nev
Name of New Registered Agent:	ammy barr	a
New Registered Office Address:	5169 133'a	Terr N.
	Enter Florida street	, Florida 3 3478
	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

MGR = Manager AMBR = Authorized Member Title Type of Action Name Address MGR Tammy Barra (OWNER) 15/69 133rd terr North Gadd

Lipster, FL 33478 - Remo ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ⊡ Change □ Remove □ T Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added

or removed from our records:

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, adocument's effective date on the Department of State's records.	p tional) fter filing.) Pursuant to 60 this date will not be lis	95.0207 (3)(0 sted as the
		5
ne record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.		ier of:
Dated 6/1/15	MINET JUNE	"" f]
Jany Day	1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	F
Signature of a member or authorized representative of a member		j
10000	85 f	

Page 3 of 3

Filing Fee: \$25.00