

41200000112006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

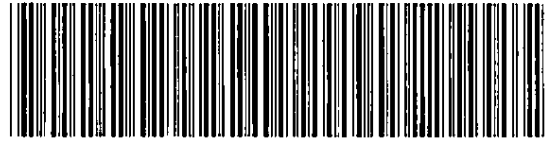
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400417061994

10.10.23 -010:2-007 *\$25.00

2023 OCT 10 PM 4:37

VVA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROST BEVERAGE COMPANY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH RAGAZZO
Name of Person

PROST BEVERAGE COMPANY, LLC
Firm/Company

5300 GLADES CUT OFF ROAD
Address

FORT PIERCE, FLORIDA 34981
City, State and Zip Code

ccollins@prostbevco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE COLLINS
Name of Person

772 321.8224
Area Code Daytime Telephone Number

at ()

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROST BEVERAGE COMPANY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/30/2012 and assigned Florida document number 12000112006.

This amendment is submitted to amend the following:

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 ADDRESS)

2013 OCT 10 PM 4:3

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office 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 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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH R. RAGAZZO	17 CONTINUUM DRIVE	<input checked="" type="checkbox"/> Add
		FLETCHER, NORTH CAROLINA 28732	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRIS SELLERS	5300 GLADES CUT OFF ROAD	<input type="checkbox"/> Add
		FORT PIERCE, FLORIDA 34981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN ANDERSON	17 CONTINUUM DRIVE	<input type="checkbox"/> Add
		FLETCHER, NORTH CAROLINA 28732	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

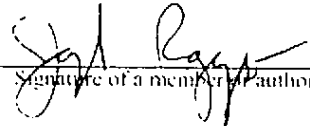
E. Effective date, if other than the date of filing: _____ **(optional)**

(If 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.) Pursuant to 605 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 3 _____, 2023



Signature of a member or authorized representative of a member

JOSEPH R. RAGAZZO

Typed or printed name of signee