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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Arctic Bayerage LLC
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:

Sonathan Carpenter
Name of Ferson

Jonathan E Carpenter
Firm/Company

S161 N.W. 64 Drive
Address

For further information concerning this matter, please call:

Jonathan Carpenter at 954 297-3042
Name of Person Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arctic Bev	erage, LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L1300066</u>	Company were filed on 5/	/7 /13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company."	the designation "LLC" of the abbreviation
Enter new principal offices address, if applicable:		第四 <b>年</b>
(Principal office address MUST BE A STREET ADI	DRESS)	SSECTION IN COLUMN 19 19 19 19 19 19 19 19 19 19 19 19 19
Enter new mailing address, if applicable:		<b>港</b> 名 <b>一</b> 提出 <b>请</b>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	Florida street address
-		Florida
	Ciņ	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Name</u> Christina Staalstr Title **Address** Type of Action 1000 Brickell Ave Remove Add Remove Add Remove Add Remove Add Remove

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	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00