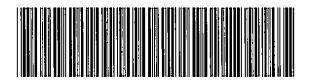
# L1300092495

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2017

CRYSTAL N BANKS 893 NW 2ND STREET FLORIDA CITY, FL 33034

SUBJECT: DRINK SPECIALIST HOOKAH LOUNGE & COCKTAIL BAR LEC

Ref. Number: L13000092495

2017 AUG 14 PH SP 14
SLCAE WASSELSFLORIDA

We have received your document for DRINK SPECIALIST HOOKAH LOUNGE & COCKTAIL BAR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00015632

## • TO ARTICLES OF ORGANIZATION OF

Drink Specialist Hookah Lounge &	& Cocktail Bar LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.	· <u>-</u>
he Articles of Organization for this Limited L lorida document number	iability Company	were filed on	2013	_ and assigned
his amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liab	oility company here:		
Cocktail Studios LLC.				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if appli	893 NW 2nd Street	Florida City FL. 33034	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of		ffice address on ou	Florida City FL. 33034	AUG II 4 AM
egistered agent and/or the new registered o	ffice address her	<u>e</u> :	ND <sub>A</sub>	64
Name of New Registered Agent:	_Crysta	IN Broks		
New Registered Office Address:	893 NW 2nd S	Enter Florida	struet address	<del></del>
	Florida City	Line I Wille	, Florida 3303	4
		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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Crystal N. Banks	893 NW 2nd Street Florida City FI	Add
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		1: <b>49</b>
Effective date, if other than	the date of filing: must be specific and cannot be prior to date of filing or more than	(optional)  190 days after filing ) Pursuant to 605 0207 (3)
Note: If the date inserted in the	is block does not meet the applicable statutory filing required Department of State's records.	rements, this date will not be listed as the
the record specifies a dela ) The 90th day after the	ayed effective date, but not an effective time, a record is filed.	at 12:01 a.m. on the earlier of:
July 24	2017	
Dated	ald Na Dona	
	Signature of a member or authorized representative of a me	mber
Crystal N. Banks		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00