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COVER LETTER

TO:	Registrati Division o						16			
SUBJ	ECT:		O A	DRINK Name of Limi	WEAR ted Liability Company	DEST	GNS, LLC			
				at and fee(s) are sub						
Please	return all co	rrespor	idence con	cerning this matter t	to the following:					
				chris	Sting J. Name of Person	West	berg			
				·	Firm/Company					
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					o be used for future and				?	111
For fu	irther informa	tion co	oncerning t	his matter, please ca	.11:				? 30	
Ch	ristic	v a .7	- W.	esthers	at (<u>954</u>) Area Code	270 -	2881			
	N	ame of	Person		Area Code	Daytime 1	Celephone Number			
Enclo	sed is a check	for th	e followin	g amount:	,					
□ \$2	25.00 Filing F	ee		00 Filing Fee & tificate of Status	S55.00 Filing F Certified Copy (additional copy i	,	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &		
	N	/AILI	NG ADDI	RESS:	STR	EET/COURIE	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\subset	D	A	DRINKWEAR DESIGNS.	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 Co.	mpany were filed on $\frac{4/8}{20/4}$ and assigned
Florida document number <u>L 14 000057</u> .	384.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here: WING COMPANY LLC ed Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	- R (II)
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent: Ch	risting J. Westberg
	risting J. Westberg 86 NW53rd Circle Enter Florida street address
Coi	Cal Spring 5 Florida 33067 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.

Musicia West Ell
If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective dat	te, if other th	an the date o	f filing:	nnot be prior	o date of fil	ing or more th	optio (optio	filing.) Pursuant	to 605.02	207 (3)
Note: If the o	date inserted in	this block does the Departme	s not mee	t the applica	ible statuto	ry filing req	uirements, this	date will not b	e listed	as the
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Filing Fee: \$25.00