

L16000190398

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(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF COURT
JULIA H. GREGG, CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cold Beer Ventures 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:

Donald Weaver

Name of Person

Innovative Kiosks LLC

Firm/Company

50 W Sunset Dr.

Address

Atmore AL 36502

City/State and Zip Code

rpalmeri@nativegamingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Weaver

Name of Person

at (251)

Area Code

241-9798

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 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**

Cold Beer Ventures 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 10/14/2016 and assigned Florida document number L16000190398.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Innovative Kiosks LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

[illegible]

SECRETARY
ALLAN K. SSG

2022 APR 27 AM 7:
SECRETARY
TALLAHASSEE
FL 32301

•

21

501

2020
Donald John Wain

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00