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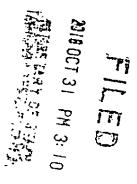
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COVER LETTER

TO:	Registration Se Division of Cor			,
cupin		Stinger LLC		
SUBJE.	.C1:	Name of Lim	ited Liability Company	
Division of Corporations Drink Stinger LLC				
Please i	return all correspo	ndence concerning this matter	to the following:	
		Tammy Hobbs		
			Name of Person	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
		Jerry Whitlock		
			Firm/Company	
Division of Corporations Drink Stinger LLC				
			Address	
		Boca Raton, FL 33431		
		thobbs@cebev.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information co	oncerning this matter, please c	all:	
Tammy	/ Hobbs		,	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Drink Stinger, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on October 31, 2016	and assigned
Florida document number L16000199895		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Cutting Edge Investments, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		23. 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		D
B. If amending the registered agent and/or registered	office address on our records, en	ter the name of the new
registered agent and/or the new registered office address h	<u>nere</u> :	57 -
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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date to If the data inserted in this block date and react the applicable of	e of filing or more than 90 days after filing.) Pursu	ant to 605.0207
te: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	naturory ining requirements, this date with the	ot be fisted as
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on th	e earlier o
October 30 2018		
The state of the s	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00