## L16000201096

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
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| (Bu                     | siness Entity Nar | ne)         |
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| (Do                     | cument Number)    | 1           |
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| Cartina I Cartina       | 0 45 4            | (0)         |
| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only

## **COVER LETTER**

|           | Registration Se<br>Division of Cor |                                              |                                                                  |                                       |                                                                  |                                           |
|-----------|------------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------|-------------------------------------------|
| CUD IE    | Zesty Bran                         |                                              |                                                                  |                                       |                                                                  |                                           |
| SUBJEC    | :T:                                |                                              | ited Liability Company                                           |                                       | <del>.</del>                                                     |                                           |
| The encl  | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.                                               |                                       |                                                                  |                                           |
| Please re | turn all correspo                  | ondence concerning this matter               | to the following:                                                |                                       |                                                                  |                                           |
|           |                                    | Evgenii Ianchik                              |                                                                  |                                       | •                                                                | ***<br>********************************** |
|           |                                    | <del></del>                                  | Name of Person                                                   | · · · · · · · · · · · · · · · · · · · |                                                                  |                                           |
|           |                                    | Zesty Brands LLC                             |                                                                  |                                       |                                                                  |                                           |
|           |                                    |                                              | Firm/Company                                                     |                                       |                                                                  |                                           |
|           |                                    | 2160 Premier Row                             |                                                                  |                                       |                                                                  | <del></del><br>ت                          |
|           |                                    | Orlando, FL 32809                            | Address                                                          |                                       |                                                                  |                                           |
|           |                                    | info@zestybrands.com                         | City/State and Zip Code                                          | !                                     |                                                                  |                                           |
|           |                                    | E-mail address: (                            | to be used for future annua                                      | l report notifica                     | tion)                                                            |                                           |
| For furth | er information c                   | oncerning this matter, please co             | all:                                                             |                                       |                                                                  |                                           |
| Evgenii   | lanchik                            |                                              |                                                                  | 48-2827                               |                                                                  |                                           |
|           | Name o                             | f Person                                     | at ()<br>Area Code                                               | Daytime Te                            | elephone Number                                                  |                                           |
| Enclosed  | is a check for th                  | ne following amount:                         |                                                                  |                                       |                                                                  |                                           |
| \$25.0    | 00 Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is en |                                       | □ \$60.00 Filin<br>Certificate<br>Certified Co<br>(additional co | of Status &                               |
|           | MAIL                               | ING ADDRESS:                                 | STREE                                                            | T/COURIER                             | ADDRESS:                                                         |                                           |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Zesty Brands LLC                                                                                                  |                                                                                |                              |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|
| (Name of the Limited Liabil<br>(A Florid                                                                          | lity Company as it now appears on our records<br>la Limited Liability Company) | 2)                           |
| The Articles of Organization for this Limited Liability (Florida document number 16000201096                      | Company were filed on                                                          | and assigned                 |
| his amendment is submitted to amend the following:                                                                |                                                                                |                              |
| A. If amending name, enter the new name of the lin                                                                | nited liability company here:                                                  | r "]                         |
| he new name must be distinguishable and contain the words "Lir                                                    | mited Liability Company," the designation "LLC"                                | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                               | <del></del>                                                                    |                              |
| Principal office address MUST BE A STREET ADD                                                                     | RESS)                                                                          |                              |
|                                                                                                                   |                                                                                |                              |
|                                                                                                                   |                                                                                | <br>                         |
| Enter new mailing address, if applicable:                                                                         |                                                                                |                              |
| Mailing address MAY BE A POST OFFICE BOX)                                                                         |                                                                                |                              |
|                                                                                                                   |                                                                                |                              |
| <ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol> |                                                                                | enter the name of the        |
| Name of New Registered Agent:                                                                                     |                                                                                |                              |
| New Registered Office Address:                                                                                    |                                                                                |                              |
|                                                                                                                   | Enter Florida street address                                                   |                              |
|                                                                                                                   | Floi                                                                           |                              |
|                                                                                                                   | 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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                       | Type of Action     |
|--------------|-----------------|-------------------------------|--------------------|
| AMBR         | MIKHAIL KOTEGOV | 6654 Villa Sonrisa Drive #422 |                    |
|              | <del></del>     | Day Day 17 22 122             | □ Add              |
|              |                 | Boca Raton, FL 33433          |                    |
|              |                 |                               | Remove             |
|              |                 |                               | ☐ Change           |
| NGO          | YURY MAKARENKO  | 4122 NW 28th WAY              | Change             |
| MGR          |                 |                               | <b>=</b> Add       |
|              |                 | BOCA RATON, FL 33434          |                    |
|              |                 |                               | □ Remove           |
|              |                 |                               | • •                |
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| -          | Amend ome's ship interest to:                                                                                                                                                   |             |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| _          | Entervending LLC 51%                                                                                                                                                            |             |
|            | Oxana MAKAREIVUO 49%                                                                                                                                                            |             |
| _          |                                                                                                                                                                                 | _           |
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|            |                                                                                                                                                                                 |             |
| (lf an eff | ive date, if other than the date of filing:                                                                                                                                     | 605.02      |
| Note:      | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. | listed a    |
|            |                                                                                                                                                                                 |             |
| f the rec  | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea                                                                                      | arlier      |
| b) The     | 90th day after the record is filed.                                                                                                                                             |             |
|            | Suplow Par Ob 2018                                                                                                                                                              |             |
| Dated      | Septenber 06. 2018.                                                                                                                                                             |             |
|            |                                                                                                                                                                                 |             |
|            | $\mathcal{A}^{\circ}$                                                                                                                                                           |             |

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Filing Fee: \$25.00

| ENTERVENDING LLC 51                                | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| OXANA MAKARENKO 49                                 | <del>%</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |
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| tive date, if other than the                       | date of filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (optional)                                                                                    |
| If the date inserted in this bl                    | st be specific and cannot be prior to date of filing or<br>ock does not meet the applicable statutory fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be list |
| nent's effective date on the D                     | epartment of State's records,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |
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| cord specifies a delayed<br>90th day after the rec | f effective date, but not an effective<br>ord is filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | time, at 12:01 a.m. on the earli                                                              |
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| September 06                                       | 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
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|                                                    | Signature of a member or authorized representati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ve of a member                                                                                |

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Filing Fee: \$25.00