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J. HARRIE

COVER LETTER

	Division of Corp		
SUBJEC		EEZE DAIQUIRI BAR, LLC	
SUBJEC	,1,	Name of Limited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are submitted for filing.	
Please re	turn all correspor	indence concerning this matter to the following:	
		KATRINA A DODGE	
		Name of Person	
		Firm/Company	
		37 LIND AVE	
		Address	
		KISSIMMEE, FL 34744	
		City/State and Zip Code	
		KMOSS2059gGMAIL.COM	
		E-mail address: (to be used for future annual report notification)	-
For furth	er information co	concerning this matter, please call:	
KATRIN	NA DODGE	407 9702059 at ()	
	Name of	of Person Area Code Daytime Telepho	one Number
Enclosed	l is a check for th	he following amount:	
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	1 \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAIN FREEZE DAIQUIRI BAR, 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 11/29/2016 and assigned Florida document number L16000216742 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BRAIN FREEZE LIQUORS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier o
The 90th day after the record is filed.	
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The 90th day after the record is filed. ated Tanuary 25, 2017.	17 ปลัฟ 30
The 90th day after the record is filed.	17 JAN 30 PH

Page 3 of 3

Filing Fee: \$25.00