

217000036214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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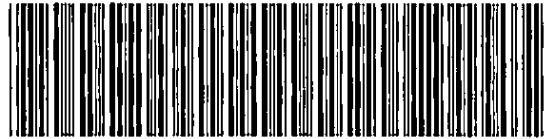
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 13 PM 1:41

N COOPER

JUN 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEADMANS HAND ELIXIR 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:

STEVEN WATTE
Name of Person
DEADMANS HAND ELIXIR LLC
Firm/Company
1009 SW LIGHTHOUSE DR
Address
PALM CITY FL 34990
City/State and Zip Code
STEVEN@DEADMANSHANDELIXIR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN WATTE at 305 798-1149
Name of Person Area Code 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DEDOMANS HAND ELIXIR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 02/14/2017 and assigned
Florida document number L17000036214.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1009 SW LIGHTHOUSE DR
PALM CITY FL 34990

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:

STEVEN WHITE

New Registered Office Address:

1009 SW LIGHTHOUSE DR

Enter Florida street address

PALM CITY
City

Florida

34990
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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
AMBA	ERIC STEIN	18530 NW CT	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBA	JOEVEN WHITE	1009 SW LIGHTHOUSE DR	<input checked="" type="checkbox"/> Add
		PRIM CITY, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11-11-81

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DIVISION OF INFORMATION

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06/07/2018

Signature of a member or authorized representative of a member

Signature
STEVEN WHITE

Typed or printed name of signee