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(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tone Distillery 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:
Joshua Saldate Name of Person
N/A Firm/Company
1816 Trophy Boss Way
City/State and Zip Code tone distillery @ gmoul.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Saldate at (321) 437 - 9968 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tone Distillery L	LC	
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000106565</u>	ompany were filed on May 15,	2017 and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRI	ESS)	
		SION MAY
nter new mailing address, if applicable:		2 47
Mailing address MAY BE A POST OFFICE BOX)		CON DE
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		S S
 If amending the registered agent and/or registe egistered agent and/or the new registered office address 		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	fress
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joshua Saldate	1816 Trophy Bass Way	
		1816 Trophy Bass Way Kissimmee, FL 34746	Remove
			☐ Change
			Add
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record specifies a de he 90th day after th			t an effective	time, at 12:01	a.m. on the eari	lier c
. May 21 70	218		<u> </u>			
ed 19104 21, 24						
ted Mary 21, 20	Signature	of a member or author	orized representativ	ve of a member	-,	

Page 3 of 3

Filing Fee: \$25.00