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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>Oakland Beverages</u> 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:
Denisse Knorr Name of Person
Darland Beverages Firm/Company
129 E Dakland Park Blud Address
Oakland Park Fl 3334  City/State and Zip Code  Oakland Beverages O Gmall & Com  E-mail address: (to be used for future annual report politication)
For further information concerning this matter, please call:
Devisse Knory at (305) 710-5121  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee & Certified Copy Certificate of Status & 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

_ Oakland Bevera	iges LLC.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	m∜ as it now appears on our r	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{6/19}{6}$	$\frac{7/2017}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	٥
(Principal office address MUST BE A STREET ADDRESS)		SEIVISI
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		26 g
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<b>.</b> 登
		20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our rec	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
New Desistand Assent's Countyry of shanning Desistand Assent	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>	Address	Type of Action
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Filing Fee: \$25.00