

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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02/07/18--01026--008 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpo	orations		
SUBJECT: R.A	E. MARKE Name of Lin	TINI 9 - LIMITE	D LIABILITY COMPAN
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	fence concerning this matter	to the following:	
	Roberiu	Name of Person	
	RILE. MA	Name of Person HANETIAL Q- LLC Firm/Company	
		Address	•
		Fe. 33647 City/State and Zip Code VEYIZON. NET	
	E-mail address: (to be used for future annual report noti	fication)
For further information con	cerning this matter, please c	all:	
Rabevia S	hNley	at (813) 766- Area Code Daytime	C 6 3 C e 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:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on 10-20-17 and assigned 7000217600 Florida document number 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) 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 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

or removed from our records: MGR = Manager
AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add □ Remove _□ Change □ Add □ Remove _ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

The Purpose For which This corporation is organised is: Doing Any And All Lawfull Business, including Advertising, Distributing, incorting Exporting, MARKETING, ALCOHOlic AND NON-ALCOHOLic BEVERAGES, DOMESTICARY AND
Doing Any And All LAW Full Business, including Advertising, Distributing, including Exporting Man Westing.
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Doing Any And All LAW Full Business, including Advertising, Distributing, including Exporting Man Westing.
Doing Any And All LAW Full Business, including Advertising, Distributing, including Exporting, MARKETING, ALCOHOlic AND NON-ALCOHOlic
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Filing Fee: \$25.00