L17000 ZZ8319

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COVER LETTER

Division of Co			
SUBJECT:	and Pints	s, LC	
_	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Erica	Sean Name of Person	
	_Cood	Pints, LLC Firm/Company	
	738 W	Kings College	Dr.
	SJ. J	ohns FL 36 City/State and Zip Code	9259
	CV ders &	to be used for future annual report noted	printing. com
For further information of	oncerning this matter, please c	all:	ŭ
Erica B	lan	nt (919) 951	5201
(Same o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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

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C-and	Dint	. 110		فو	•
(Name of the Limited Liab	ility Company ida Limited Lia	as it now appears of ability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L17000 2 283</u>	_	rere filed on/	13/2017	and as:	signed (Co.)
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the line of	rinti imited Liabilit	ry LLC y Company." the design 4825 Suite	n 	ve Par	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Suite	Executive 103 on uille		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac			ur records, <u>ente</u>	er the name	of the new
Name of New Registered Agent:					
New Registered Office Address:	825	Executive Enter Florida	<u> Par K</u> street address	Ct S	tc 103
الد	acts	nuille	, Florida	327 Zip Code	16

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		Remove	
		Change	
			
		Remove	
		□ Change	
			☐ Remove
		Change	
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change

). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	ive date, if other than the date of filing:
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	ag 1 3019.
	Senature of a member or authorized representative of a member
	Erica Bean

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Filing Fee: \$25.00