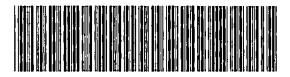
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--------------------------------------|--|---|--|----------|---|
| A & D O | ptions LLC | • | | | |
| SUBJECT. | Name of Lim | ited Liability Company | | | |
| | Amendment and fee(s) are sub | _ | | | |
| Please return all correspo | ondence concerning this matter Anthony Davis | to the following: | | | |
| | A & D Options LLC | Name of Person | | | |
| | 611 SW Federal Hwy Suite J | Firm/Company | | | |
| | Stuart, FLorida 34994 | Address | | | خ. پ |
| | adavis@yourbeveragebudd | | | 3 3 2 | |
| For further information of | E-mail address: (concerning this matter, please ca | to be used for future annual report notificall: | ration) | ۱۲. | 1. K 1. C |
| Anthony Davis | | 772 924-5188 at () | | ?? =: | |
| Name o | of Person | Area Code Daytime | Felephone Number | | |
| Enclosed is a check for t | 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

| A & D Options LLC | | |
|--|---|---------------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document numberL18000026424 | Company were filed on January 30, 2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | aited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited 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 ADDI | RESS) | <u> </u> |
| | | 기 크 |
| | |) |
| Enter new mailing address, if applicable: | | 교 |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · |
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| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | la |
| | 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</u>, <u>name</u>, <u>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 | Diallo Jackson | 14 Orange Via Anaheim, CA 92801 | |
| | | | ■ Remove |
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| ective date, if other than th | e date of filing: | | (a | optional) |
| effective date is listed, the date motes: If the date inserted in this b | ist be specific and cannot b | e prior to date of filing | or more than 90 days | after filing.) Pursuant to 605.0 |
| tument's effective date on the I | | | ining requirements, | this date will not be listed |
| | | | | |
| record specifies a delaye | d effective date, b | ut not an effecti | ve time, at 12:0 |)1 a.m. on the earlie |
| he 90th day after the re | | | · | |
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| March 22, ed | 2019 | · | | |
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| | 1 2 6 | Con | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00