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D SCOTT
JUL 2 2019

COVER LETTER

TO: Registration 5 Division of Co			
SUBJECT:	Mixologic Lim	TRRINING COMPONS	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mixolo 2430 Es Clearus	Name of Person Name of Person On TROINING (27) Firm/Company STRING ENVI). Address City/State and Zip Code to be used for future annual report not	Ste Dolfan E
For further information	concerning this matter, please ca		
CORRIE Name	of Person	at (347) 650. Area Code Daytim	2528 ne 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:

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

MIXOLOGY TEAIN	ving Companya LIC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as/it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{2}{7}/\frac{2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	2430 Estonga = 540. 7 Ste 201/202 5: W
(Principal office address MUST BE A STREET ADDRESS)	StE 201/202 5. W. Clear Geoter, Fl 33761
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 one as alone
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	REJE A. CAMERON
New Registered Office Address: 2430	ESTONICIA BIVD STE 201/202 Enter Florida street address
Clear	City, Florida 33741 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u></u>

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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	IRA FLEDATA,	2430 ESTONCIA BIND	
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Filing Fee: \$25.00