

4/13/2020

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L18000101684

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I19980000090  
Phone : (407)839-4200  
Fax Number : (407)839-4264

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NITRO BEVERAGES, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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April 14, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NITRO BEVERAGES, LLC  
6031 CAYMUS LOOP  
WINDERMERE, FL 34786US

SUBJECT: NITRO BEVERAGES, LLC  
REF: L18000101684

We have received your document for NITRO BEVERAGES, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000107978  
Regulatory Specialist II Supervisor Letter Number: 520A00007828

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NITRO BEVERAGES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)The Articles of Organization for this Limited Liability Company were filed on April 23, 2018 and assigned  
Florida document number L18000101684

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:

ANTHONY W. PALMA, ESQUIRE

New Registered Office Address:

390 North Orange Avenue Suite 1400

Enter Florida street address

Orlando

Florida 32801

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Arden M. Czyzewski	6031 Caymus Loop	<input type="checkbox"/> Add
		Windermere, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Johnny D. Damon	c/o Personal Management Consultants Inc.	<input checked="" type="checkbox"/> Add
		1204 Suncast Lane, Suite 2	<input type="checkbox"/> Remove
		El Dorado Hills, CA 95762	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 APR 16 AM 11:24

11. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 9<sup>th</sup> 2020

\_\_\_\_\_

Signature of a member or authorized representative of a member

Johnny D. Danton Member

Typed or printed name of signee

**Filing Fee: \$25.00**

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