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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	DRUNKEN	1NOK 11.C	
30bJEC1	DRUNKEN Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_		
	Fr	ZANK WOO Name of Person	
		Name of Person	
	PRU	NKEN WY 1	uc
		Firm/Company	
	13818	SW 152rd S	+ unit 258
	Miami	FL 33177 City/State and Zip Code	
	,	City/State and Zip Code	
	E-mail address: (n Kenwox @ gma to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Frank	G01-1 =	11/78h, 255-	. 7.399
Name o	f Person	at (<u>786</u>) <u>255</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRUNKEN 1	NOK LLC 15 K!: 9: 23
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	465 Ocean Dr. Apt. 605
	Miami Beach, FL 33139
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	enis Louis Nazareth
New Registered Office Address:	Enter Florida street address
Mic	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.

Denis Wararth

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Frank WOU	13818 SN 125md St 238	DAdd
		Miami FL 33177	Remove
			🗆 Change
V.P	Daniel Gonzalez	9981 SW 42nd St	□Add
		Miami FL 33165	ZRemove
			□Change
<u>President</u>	Denis Louis Nazareth	465 Ocean Dr. Apt 6	05 DAJJ
	Pachtern	Miami Beach, FL 3313	_ □Remove
			□Change
			□Add
			□Remove
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ted	06/09/	20							
		57		The state of the s	ed representativ	e of a member			
•		Signature	or a men nsu	r of authorize	a representativ	or a memoer			