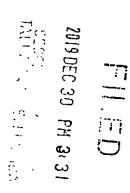
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT N	1 AIL
(Bu	siness Entity Name)	
(Do	cument Number)	_
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	
	Office Use Only	



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COVER LETTER

Division of Corporation	ns .	
SUBJECT: Dry	Name of Limited Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are submitted for filing.	
Please return all correspondence o	concerning this matter to the following:	
	Kathryn Fruge-Lara Nambol Person	
	Dry N. Wet LLC	
	515W 1th St. #834 Address	
	Address	
Λ	Miani, FL 33130	
	Miani, FL 33130 City/State and Zip Code Kate. dow Egmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning		
Kathryn Frye	- Lara at (248) 462-4262 Area Code Daytime Telephone Number	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ving amount:	
	(additional copy is enclosed) Certified (e of Status &
Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Wet, LLC	
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on $\frac{7/17/20}{1145.9}$.	18 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	7019 DEC 30 FM
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office address on our records, <u>enter the name</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	
	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, 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
MGR	Mario Moreno	50 SW 10th St. Apt. 910	□Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		□Change	
			□Add
			🗆 Remove
			□Change
			🖸 Add
			Remove
			□Change
			🗀 Add
			□ Remove
			□Change

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amending any other	er information, enter cl	mange(s) nere:	,			
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fan effective date is liste Note: If the date inset	ter than the date of filir d, the date must be specific an rted in this block does not date on the Department of	id cannot be prior to meet the applica	o date of filing or n ble statutory filir	nore than 90 days	ptional) after filing.) Pursuam this date will not	i to 605,020 be listed :
e record specifies The 90th day af	s a delayed effective ter the record is filed	date, but not	an effective	time, at 12:0	1 a.m. on the	earlier
Decen	Signature of a	2019 a member or author	rized representativ	e of a member		
<u>K</u> a	Athryn E.	Frye-1	-ara			

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Filing Fee: \$25.00