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## **COVER LETTER**

TO: Registration S Division of Co			
	GETEC BRANDS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	REGAN BLOSS		
		Name of Person	
		Firm/Company	<del></del>
	420S. ORANGE AVENU	E SUITE 220	
	•	Address	<del></del>
	ORLANDO, FL 32801		
	REGAN@SENTINELCF.C	City/State and Zip Code COM	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
REGAN BLOSS		407 398-6933	
Name	of Person		: 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



### BEVERAGETEC BRANDS, 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 Liabilit	ly Company were filed on	10/29/2018	and assigned
Florida document number L18000254138	<u></u> .		
This amendment is submitted to amend the following	<del>2</del> :		
A. If amending name, enter the new name of the	limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "	'Limited Liability Company," t	he designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET AD	DDRESS)		
			<del></del>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		on our records, ent	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered 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, name, 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	DEBESA, SERAFIN	282 SANTA ROSA DR WINTER HAVEN, FL 33884	
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			Change
		<del></del>	D Add
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Effectiv	ve date, if other th	an the date of fili	ing:		(optional)	
Note:	etive date is listed, the if the date inserted in int's effective date o	i this block does no	t meet the applica	o date of filing or more the ble statutory filing required	(optional) nan 90 days after filing.) Pursi uirements, this date will r	uant to 605.0207 ( iot be listed as t
	ord specifies a d 90th day after th			an effective time	, at 12:01 a.m. on tl	ne earlier of
Dated F	EBRUARY II		2019			
ביייים ב			- '	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee