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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TURTLE S SUBJECT:	SIPPERS LLC		•
Solvect.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zachary Cole		
	TURTLE SIPPERS LLC	Name of Person	
	 	Firm/Company	
	1701 The Greens Way Apt	1412	
	Jacksonville Beach, FL 32	Address 250-2435	
	zach@turtlesippers.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all;	
Zachary Cole		314 225-5875	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section Division of Corporations

> 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**

FILED

TURTLE SIPPERS LLC		2019 FEB -4. AM.II: 12
(Name of the Limited Liabi	ity Company as it now appears on our	records.)
(A Flond	lity Company as it now appears on our la Limited Liability Company)	TALETY CESTATE
The Articles of Organization for this Limited Liability (Company were filed on January 14,	. 2019 and assigned
Florida document number L19000014834		
Florida document number	 *	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Z. Cole, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Committee of the control of the cont		
		
D. If amonding the registered agent and/or regis	otound office address on our m	
B. If amending the registered agent and/or reginglestered agent and/or the new registered office adented.		ecords, enter the name of the ne
N CN D ' LA		
Name of New Registered Agent:		
New Registered Office Address:		
· ·	Enter Florida street	address
		, Florida

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>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			Change
		···	□ Remove
			Change
			Add
			Remove
			Change
			
			Remove
			Change
			
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USEFUL D	RINKING PRODUCTS INTO CONSUMERS' EVERYDAY LIVES.
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	Fahruary 2, 2010
ctive date, it	February 2, 2019 f other than the date of filing: (optional)
:: If the date	fother than the date of filing:
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ic your day	, ditel the record is filed.
January 30	2019
<u> </u>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
<i>↓</i> 7∧CU	ARY COLE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00