## 219000021964

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHQ IE	Tipsy Turtk	e, LLC		
SODJE	C1	Name of Lim	ited Liability Company	<u>.</u>
		Amendment and fee(s) are sub	-	
		Elizabeth A. Mittauer	w me who whigh	
		Tipsy Turtle, LLC	Name of Person	
		4100 McGirts Blvd.	Firm/Company	
		Jacksonville, Florida 32210	Address	
		emittauer@mittauer.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furti	her information co	oncerning this matter, please ca	all:	
Elizabe	eth A. Mittauer		904 644-0649 at ()	
	Name of	Person	Aren Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

Tipsy Turtle, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. la Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>01/22/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviationb.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	2
Enter new mailing address, if applicable:		<b>1 1 1 1 1 1 1 1 1 1</b>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ado		enter the name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	<del></del>
	. Flo	rida
<del></del> -	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>	<u>Name</u> Joseph A. Mittauer	Address 4100 McGirts Blvd.	Type of Action
MGR 			
		Jacksonville, FL 32210	■ Remove
			☐ Change
			Add
			□ Remove
			Change
	<del></del>	·	
			Remove
		·—————————————————————————————————————	Change
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	02/04/2019
iote:	e date, if other than the date of filing:  tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ated (	1/28/2019
	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00