L19000035473

(Req	uestor's Name)	
(Add	iress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
623		

Office Use Only



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05/21/20--01008--022 **25.00

2020 JUN 22 AH II: 38

JUN 23 2020 S. YOUNG



2020 JULI 22 PM 1:31

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2020

BRIANA WILLIAMS 151 N NOB RD STE 129 PLANTATION, FL 33324

SUBJECT: PRETTY TIPSY, LLC Ref. Number: L19000035473

We have received your document for PRETTY TIPSY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 320A00011408

COVER-LETTER

TO: Registration Security Division of Corp			
PREITY T	IPSY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRIANA WILLIAMS		
		Name of Person	
		Firm/Company	<u> </u>
	151 N NOB HILL RD SU	ITE 129	
		Address	
	PLANTATION, FL 33324		
	BRIANAWILL88@GMAII	City/State and Zip Code L.COM	
	E-mail address: (to be used for future annual report notification	on)
For further information co	oncerning this matter, please c	all:	
BRIANA WILLIAMS		305 988-8675 at ()	
Name of	f Person	Area Code Daytime Tele	ephone Number
Enclosed 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	<u>s:</u>	Street Address:	

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

PRETTY FIPSY LLC		N
(<u>Name of the Lim</u>	ited Liability Company as it now ap (A Florida Limited Liability Compar	opears on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	02/04/2019 and assigned
Florida document number		777
Torrida document indinoci	······································	200 E 111
This amendment is submitted to amend the fo	llowing:	AH 11:38
A. If amending name, enter the new name	of the limited lighility company	v here.
88 MIXOLOGY LLC	or the minicu hability compan	y nere.
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
he new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	~~~~	
Mailing address MAY BE A POST OFFICE	E BOX)	
If amanding the registered agent and/or	registered office address on a	ur records, enter the name of the new registere
ant and/or the new registered office addr		or records, enter the name or the new registers
		
N CN B 1 LA		
Name of New Registered Agent:		
	151 N NOB HILL RD SUITE	E 129
New Registered Office Address:	151 WOOD THEE RD SOTTE	
New Registered Office Address:		Florida street address
New Registered Office Address:		~~~~

gistered Agent's Signature, if changing Registered Agent:

raccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and we obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ad to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	BRIANA WILLIAMS	151 N NOB HILL RD	
		SUITE 129	□Remove
		PLANTATION, FL 33324	
MGR	MGR LOREN HOWELL	151 N NOB HILL RD	
		SUITE 129	
		PLANTATION, FL 33324	5 7 m.
MGR	MGR BRIANA WILLIAMS	151 N NOB HILL RD	□ Add
		SUITE 129	70
		PLANTATION, FL 33324	□Change
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		□Remove	
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			□ Change

Page 2 of 3

Flective date, if other than the date of filing: an effective 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 dote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occurrent's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. MAY 15 2020 Signature of a member or authorized representative of a member.	-	
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P. D. T.		
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