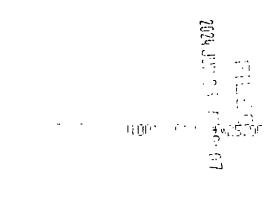
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COVER LETTER

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SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Aimee Krause		
			Name of Person	
		Liquor License Profession	als	
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		2200 Lucien Way Suite 42	0	
		V-4	Address	
		Maitland, Florida 32751		
		-	City/State and Zip Code	
		aimee@liquorlicenseprofes	sional.com	
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	all:	
Aimee K	rause		407 966-1818	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$2 5.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liz's Casselberry's Patio Bar, 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 Liability Company were filed on $\frac{02/18/2019}{}$ and assigned Florida document number L19000047345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 As	rent

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
AMBR	Elizabeth Rodriguez	2671 S. US Hwy 1792	
		Casselberry Fl 32707	■Remove
		2671 S. US Hwy 1792	
AMBR	Elizabeth Lembo	Casselberry Fl 32707	= Add
			□Remove
			Change
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(If an effect Note: If		t be specific and cannot be prid ock does not meet the appli	r to date of filing or more than 90 d cable statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as th
he record : ord is filed		e date, but not an effective	ime, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated _	une 25	2024	·	
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