Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11190002816883)))

H190002818883ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOCUMENT PLANET INC

Account Number : 126189688995 Phone : (385)510-3848 Fax Number : (786)789-2416

rer : (786)789-2416

Enter the equal address for this business entity to be used for future annual report eailings. Enter only one equal address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIP TRADE MANAGEMENT LLC

| Certificate of Status | 0 |
|-----------------------|--------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | 525.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

MI SEP 20 AM 8: 45

| TO: | Registration Sec Division of Corp | | | | | |
|----------------------------------|--|--|---|---|--|--|
| CIDS 18 | | E MANAGEMENT LLC | | | | |
| SUBJE | ж: <u></u> | Name of Limited Liability Company | | | | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | | |
| | | LUIS ALBERTO VILLAR | RAGA GONZALEZ | | | |
| | Name of Person VIP TRADE MANAGEMENT LLC | | | | | |
| | | | Firm/Company | | | |
| 66 WEST FLAGLER STREET SUITE 900 | | | | | | |
| | | | Address | | | |
| | | MIAMI FL 33130 | · | | | |
| City/State and Zip Code | | | | | | |
| | | E-mail address: (| to be used for future annual report notific | cation) | | |
| For fur | ther information c | oncerning this matter, please ca | all: | | | |
| LUI S | ALBERTO VILL | ARRAGA GONZALEZ | 954 510-9530 at (_) | | | |
| Name of Person | | | Telephone Number | | | |
| Enclos | ed is a check for th | ne following amount: | | | | |
| ■ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | ING ADDRESS: | STREET/COURIE Registration Section | | | |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

TO ARTICLES OF ORGANIZATION OF

| VIP TRADE MANAGEMENT LLC | | <u>ئ</u> ج | |
|--|---|---------------|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Liability Company) | PH | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/17/2019 and assigned | 45 | |
| Florida document number L19000105956 | | 00 | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| ALAWA DRINKS LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 66 WEST FLAGLER STREET SUITE 900 | | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI FL 33130 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 66 WEST FLAGLER STREET SUITE 900 MIAMI FL 33130 | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | <u>he new</u> | |
| Name of New Registered Agent: | | — | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | Ciry 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, par or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title MGR | <u>Name</u> ENRIQUE ARANGUREN | Address 17240 NW 64 AVE SUITE 310 | Type of Action |
|--------------|----------------------------------|-----------------------------------|----------------|
| ——— | | HIALEAH FL 33015 | D Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | O Ranove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | |
| | | | □ Change |

From: +17867892416 (Document Planet) To: +18506176383 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 09/19/2019 (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 19/09/19

Page 3 of 3

Filing Fee: \$25.00