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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
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SECRETARY OF SIATE,
TALL AHASSET IN SORE.

Amend Name

JAN () 7 2020 I ALBRITTON

COVER LETTER

fO:		stration Sec sion of Corp				
			LA RUM COMPANY, LLC			
SUBJE	CI: _		Name of Limi	ited Liability Company		
I'he enc	closed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn a	all correspon	ndence concerning this matter	to the following:		
			Vidya Hahn			
				Name of Person		
			Gasparilla Trading Compa	ny, LLC		
				Firm/Company		
			6107 Lakeside Drive			
				Address		
			Lutz, Florida 33558			
				City/State and Zip Code		
			gasparillatradingcompanyllo			
			E-mail address: (to be used for future annual r	eport notification	1)
For furt	her int	formation co	ncerning this matter, please ca	ill:		
Jeff Ha	ihn			813 376 at ()	-1398	
		Name of	Person	Area Code	Daytime Telep	hone Number
Enclose	ed is a	check for the	e following amount:			
S \$25	5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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



December 16, 2019

VIDYA HAHN 6107 LAKESIDE DRIVE LUTZ, FL 33558

SUBJECT: GASPARILLA RUM COMPANY LLC

Ref. Number: L19000187534

We have received your document for GASPARILLA RUM COMPANY 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.

AHAPPY NEW !!

Irene Albritton Regulatory Specialist II

2020 J.P. - 3 F. 1

Letter Number: 619A00025541

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GASPARILLA RUM COMPANY	' LLC		
(<u>Name of the Lim</u>	ited Liability Company (A Florida Limited Lial	as it now appears on our recobility Company)	rds.)
The Articles of Organization for this Limited I Florida document number L19000187534	Liability Company w	ere filed on <u>07/22/2019</u>	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	ty company here:	
GASPARILLA TRADING COMPANY, LLC			
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LI	_C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli Principal office address MUST BE A STRE. Enter new mailing address, if applicable:	<u>ET ADDRESS)</u> -		ZDZO JAN +3 SECRCIANTA
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of the new	d/or registered offic	ce address on our recor	rds, enter the name of the
egistered agent and/or the new registered to	mice address nerg.		
Name of New Registered Agent:	Vidya Hahn		
New Registered Office Address:	6107 Lakeside Dr		
		Enter Florida street addr	ess
	Lutz	,,	Florida <u> </u>
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey L. Hahn	6107 Lakeside Drive Lutz, Florida 33558	Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
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`an eff <u>{ote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
ated	
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00