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.

Electronic Filing Cover Sheet

(((H20000276450 3)))



H200002764503ABC-

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

To:				
	Division of Co.	rpo	orations	
	Fax Number	:	(850)617-6383	(0.0
From:				
	Account Name	:	CORPORATE CREATIONS INTERNATIONAL	INC
	Account Number	:	110432003053	=
	Phone	:	(561)694-8107	<u>-</u>
	Fax Number	t	(561)694~1639	1.
Enter the emai	1 address for th	nis	business entity to be used for fu	tuţ
annual rep	ort mailings. En	te	r only one email address please.**	
				C
Email Addr	e55:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STOKED SELTZER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SULKER

AUG 1 3 2020

Electronic Filing Menu

Corporate Filing Menu

Help

:)

!]

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOKED SELTZER, LLC							
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) Lubility Company)						
The Articles of Organization for this Limited Liability Compar	y were filed on 03/18/2020	and assigned					
Florida document number L20000080161							
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 Lia	bility 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)		21					
		2020					
Enter new mailing address, if applicable:	·						
(Mailing address MAY BE A POST OFFICE BOX)							
		<u> </u>					
		ر. م					
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the</u>	name of the new registere					
agent and/or the new registered office address here:		ေ					
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	, Floric						
	City	Ziv 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, 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
MBR	FRANCIS MASSABKI	1600 N PARK DR	□Add
		WESTON, FL 33326	≅ Remove
MBR	EUGENE BUKOVI	1600 N PARK DR	
		WESTON, FL 33326	≅Remove
			□Add
			□ Петюче
			☐ Change
			□Add
		•	□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
	
<u></u>	
	
<u> </u>	
Core: If the date in	optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a date on the Department of State's records.
record specifies a d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 1:	2TH 2020
	Signature of a member or authorized representative of a member
Carlos N	A Alvarez, Attorney-in-Fact
	Typed or printed name of signee