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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor		,	5 <b>*</b>	
end in	Caribbean (	Quench LLC	·		
SUBJE	CT:	Name of Lim	ited Liability Company	•	
The one	closed Articles of	Amendment and fee(s) are sub	unitted for filing		
		ondence concerning this matter	<del>-</del>		
		Alecia Roberts			
			Name of Person		
		Caribbean Quench LLC			
			Firm/Company		
		5075 Harbinger Road			
			Address		
		Spring Hill, Florida, 34608	3		
			City/State and Zip Code		
		CaribbeanQuench@gmail.c	om to be used for future annual report not	ification)	
For furt	her information c	oncerning this matter, please c	all:		
Alecia	Roberts		813 793-1900 at ( )		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclose	ed is a check for th	ne following amount;			
<b>■</b> \$25	5.00 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 Statu Certified Copy (additional copy is encl	
	Mailing Addres Registration S		Street Address: Registration Se	ection	

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

Caribbean Quench LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
he Articles of Organization for this Limited Liability Company were filed	on 05/11/2020 and assigned
orida document number 1.20000126991	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	any here:
ne new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.1C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
	202
. If amending the registered agent and/or registered office address on	our records, enter the name of the new regis
gent and/or the new registered office address here:	변 
	V
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	ter Florida street address
	Florida
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Alecia Roberts	5075 Harbinger Road, Spring Hill, Florida 34608	□ <b>A</b> dd
			\exists Remove
			□Change
AMBR	Alecia Roberts	5075 Harbinger Road, Spring Hill, Florida 34608	<b>=</b> Add
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			Change
			□Add
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ı effi <u>te:</u>	ive date, if other than the date of filing:
cor s fil	d 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 led.
led .	February 09 2021
	Signature of a member or authorized representative of a member

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