Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EDDIE FERNANDEZ, PA

Account Number : I20190000058 Phone : (407)574-5009

Fax Number : (407)574-5953

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: 6Burman@ Fernandez-legal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLA DE CABALLO TEQUILA, LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLA DE CABALLO TEQUILA, LLC					
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears o ited Liability Company)	n our records.)		-	
The Articles of Organization for this Limited Liability Comp Florida document number 1.20000133861	pany were filed on May	18, 2020	and :	assigned	j
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here	:			
CABOS DE CABALLO TEQUILA, LLC					
The new name must be distinguishable and contain the words "Limited I	Jability Company," the desig	gnation "LLC" or the abb	reviation	"L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>				
		.			
Enter new mailing address, if applicable:				2226	
			, 1;	<u> </u>	 ;-
(Mailing address MAY BE A POST OFFICE BOX)				- ;= -	
					
B. If amending the registered agent and/or registered off	ice address on our reco	ords, enter the name	of the r	TO new reg	istere
agent and/or the new registered office address here:			7.	ÚΣ	اب. ديما
			. ; 1	(၂) (၃)	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	street address			
		Florida			
	City		Zip Coo	de	
New Registered Agent's Signature, if changing Registered Ag	ent:				
I hereby accept the appointment as registered agent and	agree to act in this cap	oacity. I further agre	ee to co.	mply wi	ith the

If Changing Registered Agent, Signature of New Registered Agent

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.

8-Jun-2020 15:03 Fax 14075745953 p.3

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
			□Add
			□Remove
			□Change
			E)Add
			□Remove
			□ Change
	<u> </u>		□Add
		Short Projection	□Remove
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			□Remove
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			□Change

Page 2 of 3

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the record specifies a delayed eff The 90th day after the record	fective date, but not an effective time, at $12\!:\!01~a.m.$ on the earlieds filed.	r of:
tuna 0	2020	
Dated June 8		
Dated June 8	- os Ternand	
Dated	nautre up a member or authorized representative of a member	

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Filing Fee: \$25.00