LZO 0000148813

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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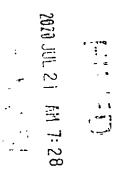
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COVER LETTER

TO:	Registration Se Division of Cor		. •	
	Cosmic Ha	ard Seltzer, LLC		
SUBJE	ECT:			
		Name of Lim	iod 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:	
		Kathleen R Delk		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Cosmic Hard Seltzer, LLC	3	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		838 Marble Way		
			Address	
		Boca Raton, FL 33432		
		romi18897@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Kathle	en R Delk		561 6135868	
			at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
≡ \$2:	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 Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) __ and assigned Florida document number _____L200000148813 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1101 South Rogers Circle Enter new principal offices address, if applicable: Suite 8 (Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL33487 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Cosmic Hard Seltzer, LLC

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
AMBR	Kathleen R Delk	838 Marble Way	
		Boca Raton, FL 33432	
			□Remove
			■Change
AMBR	Matthew J Saady	838 Marble Way	
		Boca Raton, FL 33432	□Add
			□Remove
			UAdd
			□Remove
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ective date, if other than the dat effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar	specific and cannot be p does not meet the ap	prior to date of plicable statu	filing or more than	90 days after filin	g.) Pursuant to 605.020
cord specifies a delayed effective da s filed.	te, but not an effectiv	ve time, at 12	:01 a.m. on the e	arlier of: (b) T	he 90th day after th
July 14	2020				
ed				_	
Sign	nature of a member or a	nuthorized repr	escritative of a me	mber	