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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:	_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HICKEY VENTURES, LLC

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⊙ 10/08/2021 7:11 AM ·

ARTICLES OF AMENDMENT TO

→ 18506176383

ARTICLES OF ORGANIZATION OF	FILI 2021 OCT -8 SEDNETARY ALLAHASSE
Hickey Ventures, LLC	FILED T-8 PI ARY OF
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	F STATISSISTS
The Articles of Organization for this Limited Liability Company were filed on 07/08/2020	_ indrassigned
Florida document number L20000193884	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Skinny Water Holdings, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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