## 4200003**€**7066

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Registration Section

| Div                | ision of Cor              | porations                                    |  |  |
|--------------------|---------------------------|--|--|--|
| SUD IECT.          | Fros Pops (               | Cocktails LLC                                | • '  |  |
| SUBJECT:           |                           | Name of Lin                                  | nited Liability Company  |  |
|                    |                           |  |  |  |
| The enclosed       | d Articles of             | Amendment and fee(s) are sub                 | omitted for filing.  |  |
| Please return      | all correspo              | ondence concerning this matter               | to the following:  |  |
|                    |                           | Richard Drath                                |  |  |
|                    |                           |  | Name of Person   | ****   |
|                    |                           | Frospops Cocktails LLC                       |  |  |
|                    |                           |  | Firm/Company   |  |
|                    |                           | PO Box 970407                                |  |  |
|                    |                           |  | Address  |  |
|                    |                           | Coconut Creek, FL 33097                      |  |  |
|                    |                           |  | City/State and Zip Code  |  |
|                    |                           | Richard@drath.com                            | to be used for future annual report no                           | otification)   |
| For further in     | nformation c              | oncerning this matter, please c              | •  | 3  |
| Richard Drat       | th                        |  | 954 770-7009<br>at ( )   |  |
|                    | Name o                    | f Person                                     |  | me Telephone Number  |
| Enclosed is a      | check for th              | ne following amount:                         |  |  |
| <b>■</b> \$25.00 F | iling Fec                 | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                    | ling Addres               |  | Street Address:<br>Registration S                                | ection   |
| Div                | rision of C               | orporations                                  | Division of Co   | orporations  |
|                    | ). Box 632<br>lahassee, I |  | The Centre of 2415 N. Monr                                       | Tallahassee<br>oe Street, Suite 810  |

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Frospops Cocktails LLC  |  |                          |
|---|--|--------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited  | nny as it now appears on our records.)<br>Liability Company) | <del></del>              |
| The Articles of Organization for this Limited Liability Company  Florida document number 1.20000357066            | were filed on 12/11/2020                                     | and assigned             |
| This amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                          |
|   |  | . 29                     |
| he new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the                  | ne abbreviation,"L.L.C." |
| Inter new principal offices address, if applicable:   | 576 NE 63rd Street, #7                                       | -                        |
| Principal office address MUST BE A STREET ADDRESS)  | Miami Florida 33138  |                          |
|   |  | 1.3<br>5                 |
|   |  | ); 50                    |
| nter new mailing address, if applicable:  | PO Box 970407  | · · ·                    |
| Mailing address MAY BE A POST OFFICE BOX)   | Coconut Creek, Florida 33097                                 |                          |
|   |  |                          |
| i. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the n</u>                   | name of the new regist   |
| Name of New Registered Agent:   |  |                          |
| New Registered Office Address:  |  |                          |
|   | Enter 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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|------------------|------------------------------------|----------------|
| AMBR         | Fredrik Graff    | 204 21 Ave. S                      |                |
|              |                  | Jacksonville Beach, FL 32250       | ≣Remove        |
|              |                  |                                    | □Change        |
| AMBR         | Tim Shane        | 4400 N. Federal Highway, Suite 210 | □Add           |
|              |                  | Boca Raton, Florida 33431          | ■Remove        |
|              |                  |                                    | Change         |
| MGR          | David Gottesfeld | 576 NE 63rd Street #7              | Add            |
|              |                  | Miami, Florida 33138               | Remove         |
|              |                  |                                    | Section 1997   |
|              |                  |                                    | 🗆 Add          |
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| fective date, if other in effective date is listed, the oter. If the date inserted cument's effective date | e date must be specific a in this block does not  | nd cannot be prior timeet the applic | able statutory fili  | more than 90 days | <b>optional)</b><br>after filing.) Pu<br>s, this date wil | irsuant to 605.02<br>I not be listed |
| ecord specifies a delayer is filed.  | d effective date, but n                           | ot <b>k</b> n effective ti           | me, at 12:01 a.m     | on the earlier o  | of: (b) The 90  | Oth day after th                     |
| ied Juzy   | 14,202  | <u> </u>                             |                      |                   |   |                                      |
|  |   | $\omega$                             | prized representativ | <u> </u>          |   |                                      |