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(Requestor's Name)	
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(Address)	
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PICK-UP WAIT	MAIL
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COVER LETTER

TO: Registration ! Division of C	Section orporations		
Bananami SUBJECT:	an Whiskey Coffee and Cigars I	imited Liability Company	
	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sul		
	Michael Ryan Armstrong		
		Name of Person	
	Bananaman Whiskey Coff	fee and Cigars Limited Liability Company	у
		Firm/Company	
	9601 Majestic Way		
		Address	
	Boynton Beach/Florida/33	437	
		City/State and Zip Code	
	ryan armstrong@troublewh	iskey.com (to be used for future annual report notification	····
For further information	concerning this matter, please of		ם
Michael Ryan Armstron	ng	615 289-9181 at ()	
	of Person	Area Code Daytime Tele	phone Number 2022 JAN 24 S60.00 Filing Fee,
Enclosed is a check for	_	_	N -min
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & 70 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**

MITCHES	OK MINERIADINE	
	TO	B
ARTICLES C	OF ORGANIZATION	
	OF	
		2
Bananaman Whiskey Coffee and Cigars Limited	Liability Company	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recomited Liability Company)	rda)
The Articles of Organization for this Limited Liability Com	many were filed on 12/30/2020	and assigned \
Florida document number L21000008432		and assigned,
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liahility sampany kana	
	i mounty company nere:	
Trouble Whiskey, Spirits, and Coffee LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	25)	
		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
3. If amending the registered agent and/or registered of	Mce address on our records, <u>ente</u>	r the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Docisional OSS 4-3		
New Registered Office Address:	Enter Florida street addr	
		Torida
	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
			□Add
			ПRетюче
			□Change
			
		□Remove	
			☐ Change
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			□Remove
			Change
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amending any other inform	non, enter change(s) here:	(Attach additional sheel	is, if necessary.)
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	st be specific and cannot be prior to ock does not meet the applicable	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed a
record specifies a delayed effective is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
ated	, 2022		
/	1///	/ /	
	Signature of a member or authoriz	zed representative of a member	7
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Filing Fee: \$25.00