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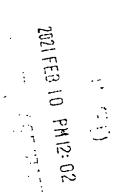
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R-212661

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Regard Libations LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Audrey Analin Name of Person
Regard Libations LLC Firm/Company
P.O. Box 60422
Jacksonville FL 32236.0422 City/State and Zip Code
E-mail address: (to be used for juture annual report notification)
For further information concerning this matter, please call:
Audrey Analin a1 (904) 236-3013
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

(A Florida Limi	ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number 1100016719.	any were filed on 01105/202\ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	hability Company," the designation "LLC" or the abbreviation "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: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 60411 Jacksonville, FL 31136-0411
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1915 Tack of the Address of the	Dauring St. Apt. 4 Egier Florida street address Sonville Cin. Zip Code
New Registered Agent's Signature, if changing Registered Age	i i
I hereby accept the appointment as registered agent and a	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				
Title	<u>Name</u>	Address	Type of Action	
MGR	Audrey Ancelin	Address 1915 Dawning St Apt. 4 FL 32	205 MAdd	
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If an eff Note:	ive date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
e recor rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	February 3rd 2021
	andry Landi
	Signature of Amember or authorized representative of a member
	$\Delta \sqrt{1 + \Delta }$