h21000047828

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Zip/r none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600363030006

04/21/21--01009--024 **30.00

7021 APR 21 P 2: (

Có

5.0.

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Basic Elements IV Name of Limited Liab	Lydration Drip Lounge, LC billy Company
The enclosed Articles of Amendment and fee(s) are submitted t	for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Chr	Stie Kennedy Varne of Person
- Rasic Ele	ments IV Hydration Drip Launage
11100 SW 93rd C	aurtild Ste 10-216
O Cala City/S	State and Zip Code
Pasic El E-mail address: (to be use	enent Damil. com ed for future annual report notification)
For further information concerning this matter, please call:	
Christie Kennedy Name of Person	at (9H) 707-5288 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$55.00 Filing Fee & S60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810;
	T T

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Basic Elements IV Hydrat (Name of the Limited Liability Compa- (A Florida Limited L			
The Articles of Organization for this Limited Liability Company Florida document number 12100047828.	were filed on $\frac{1/26/2021}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.IC."		
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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
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 agreence of all statutes relative to the proper and complete puccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
lf Chan	nging 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>	<u>Name</u>	Address	Type of Action
MGR	Christic Kennedy	[1100 SW 93rd Court Rd Ste 10-	DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			Remove
			D Add 2
			05
			□Remove
			□Change

			<u>. </u>		<u>.</u>	
				 	· ·	
						
					-	
<u></u>	<u> </u>					 -
						
						
				· ·		
						
			<u> </u>			
			- -			
				·····		
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
ffective date, if other an effective date is listed, the lote: If the date inserted	ne date must be specific a l in this block does not	nd cannot be prior to t meet the applicab	date of filing of more	(option than 90 days after file equirements, this d	ing.) Pursuant	to 605.0207 e listed as
ocument's effective date	e on the Department of	State's records.				
record specifies a delaye	ed effective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day	y after the
I is filed.	·			• •		0
rated 4/19/202	\				, 120°	-,,,
ated 17700),		/	2021 AFR 21	· 1
1 1	(1118710	KUM.	NDOLN/		-
	Signature of	a member or authori	ized representative of	a member		-7