121000085333

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(Address)			
(Address)			
(City/State/Zip/Phone #)			
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COVER LETTER

	ition Section of Corporations			
	Liquid Content LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are subm	nitted for filing.		
Please return all co	orrespondence concerning this matter to	o the following:		
	Martin Di Lullo			
		Name of Person		
	The Liquid Content LLC			
	Firm/Company			
9540 SW 102nd ST				
	Address Miami, FL 33176			
		City/State and Zip Code		
	martin@beliquid.tv			
		be used for future annual report not	ification)	
For further inform	nation concerning this matter, please cal	11:		
Martin Di Lullo		786-953-69.	55	
	Name of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a chec	ck for the following amount:			
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing /</u> Registra	Address: ation Section	<u>Street Address:</u> Registration Se	ection	
_	n of Corporations	Division of Corporations		
P.O. Bo	ox 6327	The Centre of Tallahassee		
Tallaha	ssee, FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LIQUID CONTENT LLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000085333</u>	ompany were filed on 02/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		1,
(Muiling address MAY BE A POST OFFICE BOX)		
		- 16
		25
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	5.5
	. FI	orida
	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>	<u>Name</u>	Address	Type of Action
MGR	Sergio Barrientos	9540 SW 102nd ST	DAdd
		Miami, FL 33176	■Remove
			Change
AMBR Martin Di Lullo	Martin Di Lullo	9540 SW 102nd ST	■Add
	·	Miami, FL 33176	□Remove
			Change
			Remove
			Change
			□Add
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.03
te: If the date inserted in this block does not meet the applicable scument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, a is filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after th
ted August 31 , 2021 ./	
1 ,	(
Signature of a member or authorized	