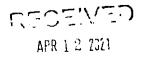
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(Req	uestor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
subject: <u>Switcha</u>	Beverages LLC Name of Limited Hability Company
The enclosed Articles of Amendmen	nt and fee(s) are submitted for filing.
Please return all correspondence cor	neerning this matter to the following:
_M	ervin Sweeting Name of Derson
Su	ritcha Beverages LLC
_18	126 SW 105th place
M	ami FL 33157 City/State and Zip Code
_me	E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Mervin Sweet	at (305) 431 - 3541 Area Code Daytime Telephone Number
Enclosed is a check for the following	ig amount:
	00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, rtificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation	ons Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Switcha Bever	ages	.	LL	\subset				
Switcha Bever (Name of the Limited Liability (A Florida L	Company a imited Liab	as it now ility Con	appears ipany)	on our i	records.)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>レンハ〇〇〇〇〇レハレ</u>		re filed	on _ 2	-\23	3/20	<u>2 \</u> an	d assig	ned
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limite	ed liabil <u>it</u>	y comp	any her	<u>·e</u> :				
The new name must be distinguishable and contain the words "Limite	ed Liability	Company	?," the de	signation	"LLC" or	the abbreviati		C."
Enter new principal offices address, if applicable:	_					<u> </u>	<u> </u>	<u>-:1</u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>		· · · · · · · · · · · · · · · · · · ·			77.		1
	_						呈	
						14.00 19.41	11:0	* ***
Enter new mailing address, if applicable:	-	_				<u></u>	- 10	
(Mailing address MAY BE A POST OFFICE BOX)	_							
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office add	iress on	our re	cords, g	enter the	e name of th	e new	registerec
Name of New Registered Agent:								
New Registered Office Address:		E)	iter Florid	da street	address		·	
					_, Flori	da		
		City				Zip (Code	
New Registered Agent's Signature, if changing Registered	Agent:							
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mpleie pe ent as pro	rforma vided f	nce of n or in Cl	ny duti hapter	es, and . 605, F.S	I am familia 5. Or, if this	r with docum	and ient is
	If Changin	g Registe	ered Age	nt, Signs	ature of N	ew 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
AMBA	Nafeeza Mohamed	20642 Su 93rd AU	e_ wadd
		Miami FL 33189	□Remove
			□Change
			🗆 Add
			□Remove
		TALL ST	Change
		HASSE C	2021 Change PR 12 Add Remove
		E. FLO RIDA	Remove 02
			□Change
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	ve date, if other than t			<i>5.61</i> ;	(optiona	al)	. 606 0207
Note:	ective date is listed, the date n If the date inserted in this	block does not mee	t the applicable s	e of filing or more than statutory filing requi	rements, this da	ate will not be	: listed as 1
docume	ent's effective date on the	Department of Stat	e's records.				
e recorr	l specifies a delayed effec	tive date but not an	effective time	t 12:01 am on the	earlier of: (b)	The 90th day	after the
rd is file		ave date, out not un	cricerive time, a	. To the difference of the	carrier or. (o)	,,	
	<u> 4-5-20</u>	71 . .					
Dated _			I				
Dated		<i>ah.</i> ;	, est				
Dated _		Signature of a mer	nber or authorized	representative of a me	ember		_

Filing Fee: \$25.00