# L21000209864

7)	Requestor's Name)
(/	Address)
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(5)	City/State/Zip/Phone #)
[ ] D CeJD	WAIT MAIL
]}	Business Entity Name)
1)	Jocument Number)
Certified Copies	Certificates of Status
Special Instructions (	to Filing Officer

Office Use Only



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# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/19/2021		**WAI	.K [N#
ENTITY NAME PERFEC	T POUR BARTENDING LLC		
			<del></del>
DOCUMENT NUMBER			
	**PLEASE FILE THE ATTACHED AND RETURN**	•	
XXXX	Plain Copy	, <del>-</del>	k W
<del></del>	Certified Copy		
	Certificate of Status		
**P!	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINATION	ON		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		
	and the state of t		
Please call Tina at the	c above number for any issues or concerns. Thank you so	much!	

### **COVER LETTER**

	egistration Se ivision of Cor			
oun wen		POUR BARTENDING LLC		
SUBJECT	:	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Fabrizio Lengua		
			Name of Person	<u>.</u>
		ZenBusiness INC.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		5511 Parkerest Dr. Suite 2	207	
		.,,-	Address	
		Austin, TX 78731		
			City/State and Zip Code	-
		fulfillment@zenbusiness.co		
		E-mail address: (	to be used for future annual report no	otification)
For further	information c	oncerning this matter, please c	all:	
Fabrizio L	engua		512 237-7349 at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	he following amount:		
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration S	ection
	_	Corporations	Division of Co	
Ρ.	O. Box 632	.7	The Centre of	Tallahassee
Ta	illahassee, I	FL 32314	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

#### PERFECT POUR BARTENDING LLC

ТО	on our records.)  5/2021 and assigned
ARTICLES OF ORGANIZATI	ION · · · · · · · · · · · · · · · · · · ·
OF	The state of the s
	6 14Th
PERFECT POUR BARTENDING LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
(A Florida Limited Liability Company)	2
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/0}{2}$	5/2021 and assigned
Florida document number 1.21000209864	
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	a.
	<u>c</u> .
Divina Mobile Bartending LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
AN COLUMN DE ACTRET ANNUEC.	
(FINCIPAL OJIICE AUGUSTS MOST BE A STREET ADDRESS)	
	20 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del>- 10</del> · · ·	
B. If amending the registered agent and/or registered office address on our rec	ards, enter the name of the new registered
agent and/or the new registered office address here:	ords, enter the hame of the new registered
Numer of Name Burnistance I Assessed	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	a street address
	. Florida
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 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

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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fective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be price toos not meet the appli	cable statutory filin		ling.) Pursuant to 605.02
record specifies a delayed e The 90th day after the record		ot an effective t	ime, at 12:01 a.	m. on the earlier
05/19	2021	·		
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	Kewin gnature of a member or aut	. Qoshi		

Page 3 of 3

Filing Fee: \$25.00