



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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2023 AUG 25 AM 11:19

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOOD STUFF BEVERAGE, LLC**

Certificate of Status	0
Certified Copy	1
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2023 AUG 25 AM 11:36

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AUG 29 2023

COVER LETTER

H23000295831

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Stuff Beverage 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:

Norman W. Nash, Esq.

Name of Person

DSK Law

Firm/Company

332 N. Magnolia Ave.

Address

Orlando, FL 32801

City/State and Zip Code

norman@hottmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman W. Nash, Esq.

407

992.3673

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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)

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

H23000295831

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

H23000295831

Good Stuff Beverage LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 28, 2021 and assigned Florida document number L21000341806.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4312 Hamlin Way

(Principal office address MUST BE A STREET ADDRESS)

Wimauma, FL 33598

Enter new mailing address, if applicable:

4312 Hamlin Way

(Mailing address MAY BE A POST OFFICE BOX)

Wimauma, FL 33598

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lorna Aaron

New Registered Office Address:

4312 Hamlin Way

Enter Florida street address


WimaumaFlorida 33598

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.


Lorna Aaron
If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kelli B. Carrigan	2701 Wedgewood Drive	<input type="checkbox"/> Add
		Plant City, FL 33566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lorna Aaron	4312 Hamlin Way	<input checked="" type="checkbox"/> Add
		Wilmauma, FL 33598	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated August 24 2023

Roni Carigan
Signature of a member

Signature of a member or authorized representative of a member

Kelli B. Carrigan, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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