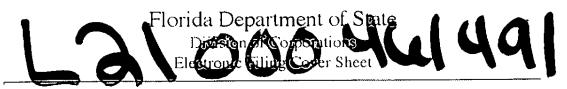
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please in the second se

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE DRINK ALCHEMY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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C. BRUMBLEY

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 12147128131 Date: 01/13/22 Time: 0:48 AM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

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4

THE DRINK ALCHEMY, LLC		<u></u>
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records ted Liability Company)	5.)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/21/2021	and assigned
Florida document number 1.21000461491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi	ice address on our records, enter	the name of the new registere
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>circi</u>	59
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	3
		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 Changing Registered Agent, Signature of New Registered Agent

To:.18506176383 From: 12147128131 Date: 01/13/22 Time: 0:48 AM Page: 03/04

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 (((H22000016834 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		COLONIA, NJ 07067	Remove
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			□Add
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If amonding	any other in	formation, ent	er change(s)	here: <i>(dtta</i>	ech additio	mal sheets. 1	f necessary.)	
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Dated	ry 11	<i>//</i>	2022	·				
		 						
	17	Signatur	e;of;a;member;c	or authorized re	presentative	of a member		
Α	nthony Flask							
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